JS 44 (Rev. 11/04)

CIVIL COVER SHEET

16-CV-5506

APPENDIX H

GEKP

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

16 5506

I. (a) PLAINTIFFS	DEFENDANTS
Steven Myers	The Lincoln National Life Insurance Company
(b) County of Residence of First Listed Plaintiff (EXCEPT IN U.S. PLAINTIFF CASES)	County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.
(c) Attorney's (Firm Name, Address, and Telephone Number) Marc H. Snyder, Esquire, Rosen, Moss, Snyder & Bleefeld, L.L.P., 101 Greenwood Avenue, Suite 400, Jenkintown, PA 19046 (215) 935-0315	Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- X 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) (For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
	PERSONAL INJURY	PERSONAL INJURY			
☐ 110 Insurance	☐ 310 Airplane	☐ 362 Personal Injury - Med. Malpractice	☐ 610 Agriculture	☐ 422 Appeal 28 USC 158	☐ 400 State Reapportionment
☐ 120 Marine	☐ 315 Airplane Product Liability	☐ 365 Personal Injury - Product Liability	☐ 620 Other Food & Drug	☐ 423 Withdrawal 28 USC 157	☐ 410 Antitrust
☐ 130 Miller Act	☐ 320 Assault, Libel & Slander	☐ 368 Asbestos Personal Injury Product Liability	☐ 625 Drug Related Seizure of Property 21 USC 881	PROPERTY RIGHTS	☐ 430 Banks and Banking
☐ 140 Negotiable Instrument	☐ 330 Federal Employers' Liability	PERSONAL PROPERTY	☐ 630 Liquor Laws	☐ 820 Copyrights	☐ 450 Commerce
☐ 150 Recovery of Overpayment & Enforcement of Judgment	☐ 340 Marine	☐ 370 Other Fraud	☐ 640 R.R. & Truck	☐ 830 Patent	☐ 460 Deportation
☐ 151 Medicare Act	☐ 345 Marine Product Liability	☐ 371 Truth in Lending	☐ 650 Airline Regs.	☐ 840 Trademark	☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)	☐ 350 Motor Vehicle	☐ 380 Other Personal Property Damage	☐ 660 Occupational Safety/Health	SOCIAL SECURITY	☐ 480 Consumer Credit
☐ 153 Recovery of Overpayment of Veteran's Benefits	☐ 355 Motor Vehicle Product Liability	☐ 385 Property Damage Product Liability	☐ 690 Other	☐ 861 HIA (1395ff)	☐ 490 Cable/Sat TV
☐ 160 Stockholders' Suits	☐ 360 Other Personal Injury	PRISONER PETITIONS	LABOR	☐ 862 Black Lung (923)	☐ 810 Selective Service
☐ 190 Other Contract	CIVIL RIGHTS	☐ 510 Motions to Vacate Sentence	☐ 710 Fair Labor Standards Act	☐ 863 DIWC/DIWW (405(g))	☐ 850 Securities/Commodities/ Exchange
☐ 195 Contract Product Liability	☐ 441 Voting	Habeas Corpus:	☐ 720 Labor/Mgmt. Relations	☐ 864 SSID Title XVI	☐ 875 Customer Challenge 12 USC 3410
☐ 196 Franchise	☐ 442 Employment	☐ 530 General	☐ 730 Labor/Mgmt.Reporting & Disclosure Act	☐ 865 RSI (405(g))	☐ 890 Other Statutory Actions
REAL PROPERTY	☐ 443 Housing/ Accommodations	☐ 535 Death Penalty	☐ 740 Railway Labor Act	FEDERAL TAX SUITS	☐ 891 Agricultural Acts
☐ 210 Land Condemnation	☐ 444 Welfare	☐ 540 Mandamus & Other	☐ 790 Other Labor Litigation	☐ 870 Taxes (U.S. Plaintiff or Defendant)	☐ 892 Economic Stabilization Act
☐ 220 Foreclosure	☐ 445 Amer. w/Disabilities - Employment	☐ 550 Civil Rights	X 791 Empl. Ret. Inc. Security Act	☐ 871 IRS—Third Party 26 USC 7609	☐ 893 Environmental Matters
☐ 230 Rent Lease & Ejectment	☐ 446 Amer. w/Disabilities - Other	☐ 555 Prison Condition			☐ 894 Energy Allocation Act
☐ 240 Torts to Land	☐ 440 Other Civil Rights				☐ 895 Freedom of Information Act
☐ 245 Tort Product Liability					☐ 900Appeal of Fee Under Equal Access to Justice
☐ 290 All Other Real Property					☐ 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- X 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (**Do not cite jurisdictional statutes unless diversity**):
Erisa 29 U.S.C. Section 1132(a)
Brief description of cause: Negligence

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND $

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes X No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE DOCKET NUMBER

DATE 10/19/16

SIGNATURE OF ATTORNEY OF RECORD

OCT 20 2016

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

UNITED STATES DISTRICT COURT APPENDIX F

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

GEKP

Address of Plaintiff: 3207 Summerset Road, Wilmington, DE 19810 16 5506

Address of Defendant: 8801 Indian Hills Drive, Omaha, NE 68114

Place of Accident, Incident or Transaction: ______

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes☐ No☐

Does this case involve multidistrict litigation possibilities? Yes☐ No☒

RELATED CASE, IF ANY:

Case Number: ______ Judge ______ Date Terminated: ______

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? Yes☐ No☒

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? Yes☐ No☒

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court? Yes☐ No☒

CIVIL: (Place ✔ in ONE CATEGORY ONLY)

A. Federal Question Cases:
1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☐ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☒ All other Federal Question Cases (Please specify) **ERISA**

B. Diversity Jurisdiction Cases:
1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases (Please specify)

ARBITRATION CERTIFICATION

(Check appropriate Category)

I, Marc H. Snyder, Esquire, counsel of record do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of $150,000.00 exclusive of interest and costs;

☒ Relief other than monetary damages is sought.

DATE: 10/19/16 ______ Attorney-at-Law 81432 Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

OCT 20 2016

DATE: 10/19/16 ______ Attorney-at-Law 81432 Attorney I.D.#

CIV. 609 (4/03)

APPENDIX I

GEKP

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CASE MANAGEMENT TRACK DESIGNATION FORM

Steven Myers	:	CIVIL ACTION 16 5506
	:	
v.	:	
	:	NO. 16-CV-
The Lincoln National Life Insurance Company	:	

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

(a) Habeas Corpus – Cases brought under 28 U.S.C. §2241 through §2255. ( )

(b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits ( )

(c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )

(d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )

(e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ( )

(f) Standard Management – Cases that do not fall into any one of the other tracks. (x)

10/19/16	Marc H. Snyder	
Date	**Attorney-at-law**	**Attorney for Plaintiff**
(215) 935-0315	(215) 935-0326	msnyder@rmsblaw.com
Telephone	**FAX Number**	**E-Mail Address**

(Civ. 660) 10/02

OCT 20 2016

GEKP

16 5506

ROSEN, MOSS, SNYDER & BLEEFELD, L.L.P.

Attorneys at Law

MARC H. SNYDER*+†
DIRECT DIAL: 215-935-1106
EMAIL: msnyder@rmsblaw.com

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+ MEMBER NJ BAR
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^MEMBER NY BAR

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WEB SITE: www.disabilitylawyer-pa-nj-de.com

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SUITE D
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19810
(302) 475-8060
FAX NO. (302) 475-8182

BRISTOL OFFICE

132 MILL STREET
BRISTOL, PENNSYLVANIA
19007
(215) 935-0315
FAX NO. (215) 935-0326

October 19, 2016

Clerk of the District Court
U.S. Courthouse, Room 2609
601 Market Street
Philadelphia, PA 19106

RE: Steven Myers v. The Lincoln National Life Insurance Company

Dear Sir/Madam:

Enclosed please find an original and one copy of a Civil Action Complaint in connection with the above captioned matter. Kindly file the original and return a time stamped copy to our office in the enclosed self-addressed stamped envelope.

Also enclosed please find a disc containing the Complaint in pdf format and a check in the amount of $400.00 to cover the filing fees.

Thank you for your attention to this matter.

Very truly yours,

MARC H. SNYDER

MHS/fll
Enclosures

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

STEVEN MYERS	:	
	:	
Plaintiff,	:	
	:	CIVIL ACTION
v.	:	
	:	NO: 16-
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	:	
	:	
	:	
Defendant.	:	

COMPLAINT

Plaintiff, Steven Myers, hereby brings a civil action against Defendant, The Lincoln National Life Insurance Company, based on the following:

The Parties

1. Plaintiff, Steven Myers (Hereinafter "Plaintiff" or "Mr. Myers"), an adult individual, is a citizen of the State of Delaware, having a residential address of 3207 Summerset Road, Wilmington, DE 19810.

2. Defendant, The Lincoln National Life Insurance Company (Hereinafter "Lincoln Financial" or "LFG"), is upon information and belief an insurance company licensed to do business in the Commonwealth of Pennsylvania. Upon information and belief, Lincoln Financial's principal mailing address for purposes of effectuating service of process is 8801 Indian Hills Drive, Omaha, NE 68114-4066.

3. At all material times hereto Mr. Myers was employed by Braskem; an employer located within the Commonwealth of Pennsylvania, having a business address of 750 West 10th Street, Marcus Hook, PA 19061.

4. At all times material hereto, Plaintiff was employed by Braskem, and pursuant to Plaintiff's employment, Plaintiff was eligible to receive benefits pursuant to a Group Short Term Disability Plan (hereinafter "The Plan"). Upon information and belief Braskem was the Plan Sponsor and Lincoln Financial as the Plan Administrator funded the Plan and was delegated with authority to determine eligibility for benefits.

5. This Court has jurisdiction pursuant to the Employee Retirement Income Security Act of 1974, as amended ("ERISA") 29 U.S.C. Section 1132(a).

6. Venue is proper in this matter pursuant to 29 U.S.C. § 1132(e)(2) Title 28, United States Code, Section 1391(c), in that at all times material hereto, Defendant is licensed to transact business within the Commonwealth of Pennsylvania. Moreover, at all material times hereto plaintiff was employed by the Plan Sponsor, Braskem, in the Commonwealth of Pennsylvania.

7. Upon information and belief, the Short-Term Disability Plan is an employee welfare benefit plan as defined by and governed under and pursuant to the Employee Retirement Income Security Act of 1974, 29 U.S.C. Section 1001, et seq., as amended ("ERISA").

8. At all times material hereto, Defendant acted by and through their agents, servants, and employees who acted within the scope of their authority from Defendant.

Background Facts and Plaintiff's Disability

9. At all times material hereto and since 1999, Mr. Myers was an employee of Braskem and, as such, was a participant in the Plan.

10. At all times material hereto prior to going out on disability in November of 2015, Mr. Myers was employed by Braskem as a Level Four Operator.

11. For reasons set forth hereinafter, Mr. Myers was caused to go out on disability on or about November 4, 2015.

12. As the record reflects, from November 4, 2015 to the present, Mr. Myers has been unable to engage in gainful employment secondary to the manifestation of Major Depression and Generalized Anxiety.

13. As the record reflects by early November 2015, Myers' constant, unrelenting and debilitating symptoms became so severe that he was unable to perform his duties at Braskem or any other gainful employment.

14. Mr. Myers applied for short term disability benefits and LFG approved and paid his claim through January 4, 2016. Thereafter LFG terminated Mr. Myers' claim via letter dated March 4, 2016. (See LFG's Termination Letter dated 3/4/2016, attached as Exhibit "A").

15. Mr. Myers timely appealed LFG's termination of his short term disability benefits via letter and supporting documentation, on July 20, 2016. (See Mr. Myers' Appeal dated 7/20/2016, attached as Exhibit "B").

16. Via letter dated September 8, 2016, LFG denied Mr. Myers' appeal for short term disability. (See LFG's final Denial Letter dated 9/8/16, attached as Exhibit "C").

17. Notwithstanding Defendant's decision to terminate Mr. Myers' benefits, the records provided to Defendant conclusively establish Mr. Myers' ongoing total disability status.

18. For the reasons set forth hereinafter, LFG's decision to terminate Mr. Myers' short-term disability benefits beyond January 4, 2016, was unreasonable, arbitrary and capricious, and inapposite to the medical documentation submitted in support of his claim.

Plaintiff's Application for Short term Disability

19. The allegations in paragraphs 1 through 18 are incorporated by reference as if fully set forth herein.

20. By early November 2015, Mr. Myers' cumulative Major Depression and Generalized Anxiety became so severe that he was no longer capable of performing the duties required of him at Braskem.

21. Mr. Myers' provided the defendant with an overview of his job duties, his increasingly worsening symptoms, his mental health treatment and the reasons he was placed out of work and continues to be on disability. (See Exhibit "D").

22. As described by Mr. Myers' it was in 2014 that he began experiencing increasing difficulties performing the basic tasks of work which transcended into his daily activities. Mr. Myers' treating physician referred his patient for neurocognitive testing. On August 14, 2014, Mr. Myers underwent testing performed by Dr. Jamie Szuchyt. Dr. Szuchyt concluded after testing that Mr. Myers suffers from Moderate Major Depression, Adjustment Disorder with Anxiety and assessed a GAF of 58. (See Exhibit "E").

23. In or about September 2015, Dr. Szuchyt referred Mr. Myers for psychological counseling with Dr. Leah Greenwood and psychiatric treatment with Dr. David Monheit. (Dr. Greenwood and Dr. Monheit's collective progress notes aggregately attached as Exhibit "F").

24. The office notes contemporaneously document Mr. Myers' decreased ability to concentrate, decreased memory, poor sleep, general anxiety, presence of depression, decreased energy, general lethargy, decreased appetite, and an inability to return to work. (See, generally, Exhibit "F").

25. All during this time Dr. Monheit continually adjusted Mr. Myers' medications for depression and anxiety.

26. Dr. Greenwood provided LFG with contemporaneous notes/forms supporting and explaining her patient's present disability status. (See, e.g., Psychiatric Form dated 2/11/16 and Narrative letter dated 3/10/16; collectively attached as Exhibit "G").

27. At the time of his disability in November 2015, Mr. Myers suffered from Major Depression, Adjustment Disorder manifesting in a decreased ability to concentrate, decreased memory, poor sleep, general anxiety, presence of depression, decreased energy, general lethargy, decreased appetite, and an inability to return to work.

28. In or about September 2015, Dr. Szuchyt referred Mr. Myers for psychological counseling with Dr. Leah Greenwood and psychiatric treatment with Dr. David Monheit. (Dr. Greenwood and Dr. Monheit's collective progress notes aggregately attached as Exhibit "F").

29. The office notes contemporaneously document Mr. Myers' decreased ability to concentrate, decreased memory, poor sleep, general anxiety, presence of depression, decreased energy, general lethargy, decreased appetite, and an inability to return to work.

30. In an effort to more thoroughly assess and quantify Mr. Myers' mental health conditions and his capacity to return to work, he was referred to Dr. Andrew Wolanin, a forensic psychologist to administer a battery of psychological tests.

31. On May 11, 2016, Dr. Wolanin administered forensic psychological testing on Mr. Myers. (Dr. Wolanin's report is attached hereto, and marked as Exhibit "H"). A summary of Dr. Wolanin's testing results is set forth below:

> *"Mr. Myers depressive symptoms and co-morbid generalized anxiety have limited his ability to function safely and effectively at his job as an operator at Braskem. Concentration difficulties, behavioral deactivation, fatigue, and interpersonal difficulties limit his ability to complete sequential steps quickly and to work effectively as a part of a team, and indicate he is unable to safely perform his expected work functions at this time."*

32. Additionally, Dr. Greenwood, Mr. Myers' treating psychologist, authored a narrative letter dated July 7, 2016, supporting and explaining her patient's present total disability status. (See Exhibit "I"). Dr. Greenwood opined, *inter alia*, as follows:

> *"At the present time, Mr. Myers continues with chronically despondent mood, anxiety in social situations, hypersomnia, daily fatigue, poor concentration and feelings of hopelessness about his future. He is prescribed Wellbutrin, Klonopin, and Lexapro. His suicidality risk is monitored. He and wife are experiencing acute financial strain due to his lack of income. An independent psychological assessment was conducted on May 11, 2016 by Andrew Wolanin, Psy.D., which confirmed his diagnoses of major depressive disorder and generalized anxiety. He lost his employer*

> *sponsored medical benefits plan and is now on a federal plan that does not include psychological (non M.D.) services for which he now must pay out of pocket. Prognosis for improved functioning is quite guarded given the acute stressors present in his current circumstances and the chronicity of his mood and anxiety symptoms."*

33. All of the aforementioned records and documentation were timely provided to LFG and are within the administrative claims file.

34. Despite providing LFG with substantive, and unrebutted medical documentation supporting and explaining his present total disability status, LFG denied Mr. Myers' appeal for STD benefits via letter dated September 8, 2016. (See Exhibit "C").

Defendant's Termination of Plaintiff's Short Term Disability Claim

35. The allegations in paragraphs 1 through 33 are incorporated by reference as if fully set forth herein.

36. Via letter dated September 8, 2016, LFG informed Mr. Myers that his final appeal for short term disability benefits was denied. LFG made the decision to deny Mr. Myers' benefits stating, "*...there is no specific restrictions and/or limitation written for your client [Mr. Myers], and his medical records do not support a loss of cognitive or psychiatric function that would require restrictions or limitations at any time including 11/06/2015 going forward.*"

37. LFG unreasonably, and quite arbitrarily and capriciously attributed Mr. Myers' significant mental health condition as being related to a "specific workplace environment."

38. In terminating the claim, the Defendant unreasonably disregarded the abundant medical and mental health documentation Mr. Myers provided including multiple diagnostic and

clinical test results which illustrated his inability to perform his job functions at Braskem, or for any other employer.

BREACH OF DISABILITY INSURANCE CONTRACT
(CONTRAVENTION OF ERISA)

39. The allegations in paragraphs 1 through 38 are incorporated by reference as if fully set forth herein.

40. As outlined above, Lincoln Financial breached its duty under the Policy and law by arbitrarily, capriciously, incorrectly, and improperly terminating Mr. Myers' short-term disability benefits.

41. Under any ERISA standard of review, Defendant's review and decision to unreasonably terminate Mr. Myers' disability benefits was wrong and/or arbitrary and capricious, in violation of ERISA, and in violation and contrary to standards and provisions of the applicable Plan, including but not limited to the reasons set forth above.

42. Defendant's review, claim handling, and decision to terminate Mr. Myers' disability benefits was arbitrary and capricious inasmuch as it was not reasonable and was not supported by the evidence of record and, in addition, to being biased, self-serving and otherwise tainted by both substantive and procedural conflict of interest, it was also the product of a complete disregard of and egregious violations as to ERISA claim regulations, all of which constitutes "extraordinary circumstances" that warrant and demand a substantive remedy.

43. Defendant completely failed to provide a "full and fair review" and, as above, the scope and extent of the violations of ERISA's claim regulations were so significant and egregious and clearly so affected the claim decision (and the integrity of the claim decision) that a substantive remedy in the form of an award of short term disability benefits is warranted.

44. The decision to deny Mr. Myers' disability benefits resulted in a monetary savings to Defendant and, thus, was tainted by a conflict of interest.

45. As a direct result of the Defendant's violations of ERISA and the wrongful termination of benefits, Mr. Myers has been denied payment of short term disability benefits from January 7, 2016, which payments plus interest he is entitled to recover and seeks herein.

46. Mr. Myers also seeks to transition his claim to long term disability benefits with LFG.

47. As a direct result of the Defendant's violations of ERISA and wrongful termination of benefits, Mr. Myers has been caused to retain counsel and incur attorneys' fees and incur other costs and expenses which he is entitled to recover and seeks recovery of these attorneys' fees, costs and expenses herein.

48. Because Defendant was to have provided this employee benefit plan which is covered by ERISA, Defendant is obligated to abide by the terms and conditions as stated in its own policy of coverage.

49. Under ERISA, the Defendant is bound to honor its own contract.

50. Defendant has arbitrarily and capriciously failed and refused to abide by the terms and conditions as stated in its own policy.

WHEREFORE, Plaintiff Steven Myers herein requests that judgment be entered in his favor and against Defendant, The Lincoln National Life Insurance Company, and for this Court to award him full and complete payment of his short term disability benefits with a transition to long term disability benefits, reasonable attorneys' fees, costs, and expenses as permitted under ERISA, interest and any other equitable relief that this Court deems appropriate.

Respectfully Submitted,

ROSEN, MOSS, SNYDER & BLEEFELD, LLP

MARC SNYDER, ESQUIRE
Attorney ID: 81432
Attorneys for Plaintiff,
Steven Myers

Lincoln Financial Group®

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

The Lincoln National Life Insurance Company
Service Office:
8801 Indian Hills Drive
Omaha, NE 68114-4066
toll free (800) 423-2765
www.Lincoln4benefits.com

March 4, 2016

STEVEN A MYERS
3207 SUMMERSET RD
WILMINGTON, DE 19810

Re: Planholder: BRASKEM AMERICA INC
Plan Number: 00050018941900000
Claim Number: 1150120039
Claimant: Steven Myers

Dear Mr. Myers:

We have completed our review of your Short Term Disability claim.

According to the plan under which you are covered:

> *Definition of Total Disability*
> Total Disability means due to sickness or injury, you are unable to perform each of the main duties of your regular occupation. A person engaging in any employment for wage or profit is not Totally Disabled. A loss of a professional license does not, by itself, constitute Total Disability.

Information reviewed and action taken

To determine your eligibility for benefits, information was requested from Dr. John Munshower MD and Leah Greenwood PhD for the dates of 12/04/2015 to present. This information along with the claim information provided was used to evaluate your eligibility for benefits.

According to the information contained in your claim file, you stopped working on 11/03/2015 due to a diagnosis of Major Depressive Disorder.

Based on the information provided to us, it would appear that your diagnosis is related to a specific workplace environment and there is no medical documentation to support that you couldn't perform your own occupation in a different workplace. As such, you do not meet the definition of disability as defined above. No benefits are payable beyond 01/04/2016.

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Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
Affiliates are separately responsible for their own financial and contractual obligations.

If you disagree with our decision, you may appeal this determination by following the steps outlined below.

Appeal Rights

You, your attorney or a person legally authorized as your representative may appeal the denial by requesting a review of your denied claim. To initiate this process, submit your written request for review to us at the following address within 180 days after you receive this denial notice.

Claims Shared Services
The Lincoln National Life Insurance Company
PO Box 2337
Omaha, NE 68103
Fax: 800-922-3503

Please include the following with your appeal:

1. The policy and claim number;
2. Your reason(s) for appealing; and
3. If applicable, any additional documentation to support the appeal, such as medical treatment records, laboratory results, x-rays or other testing results.

Following receipt of your appeal, we will review the claim and provide you with a full written explanation of the decision within 45 days. If you wish, you may also request copies of the pertinent documents related to the claim.

If your plan is subject to ERISA, you may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office or your state insurance regulatory agency. In addition, once all required reviews of your claim have been completed, you have the right to bring a civil action under applicable law.

Please contact our office with any questions you may have at the number listed above or email us at nationalaccountclaims@lfg.com. You can also register for our website at www.Lincoln4Benefits.com to view your benefits and claim status online 24 hours a day.

Sincerely,

Zachary Powers
Claims Examiner, Claims
The Lincoln National Life Insurance Company

ROSEN, MOSS, SNYDER
& BLEEFELD, L.L.P.
Attorneys at Law

MARC H. SNYDER*+†
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132 MILL STREET
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PENNSYLVANIA 19007
(215) 935-0315
FAX NO. (215) 935-0326

July 20, 2016

Via Facsimile (800) 922-3503
Claims Shared Services
The Lincoln National Life Insurance Company
P.O. Box 2337
Omaha, NE 68103

Re: Claimant:	Steven Myers	
Claim Number:	1150120039	
Plan Number:	00050018941900000	

Dear Sir/Madam:

As you are aware, our office represents Steven Myers with regard to the denial of his group short term disability benefits. It is our understanding that Mr. Myers' notice of appeal, and this office's information provided in response thereto, is to be directed to your attention. Please advise if our understanding is incorrect.

Please accept this correspondence and the accompanying medical and other documentation in support of Mr. Myers' appeal of Lincoln's decision to deny his short term disability benefits. The singular issue on appeal is whether, in consideration of Mr. Myers's ongoing medical conditions due to sickness or injury, he is unable to perform each of the main duties of his regular occupation as a Level Four Operator with Braskem, as generally defined in the claims file. Via letter dated March 4, 2016, Lincoln maintains that "*it would appear your diagnosis is related to a specific workplace environment and there is no medical documentation to support that you couldn't perform your own occupation in a different workplace.*" Respectfully, the attached materials strongly suggest otherwise.

We submit for your review and consideration the following supplemental medical records and additional supporting documentation:

1. *Mr. Myers, Personal Statement, dated April 17, 2016;*

2. *Dr. Greenwood, Narrative Letter, dated July 7, 2016;*

3. *Andrew Wolanin, Psy.D, Psychological Diagnostic Evaluation, dated June 23, 2016*

4. *Dr. Jamie Szuchyt, Neuropsychological Evaluation, dated August 14, 2014;*

5. *Office notes, Exton Behavioral Health and Rehab, Drs. Greenwood and Monheit, dated September 3, 2015 through June 16, 2016*

As set forth herein, Mr. Myers' medical, and mental health records affirmatively and unequivocally support his total disability status since initially stopping work November 3, 2015. He remains disabled. The attached and aforementioned records are briefly summarized below.

1. Mr. Myers, Personal Statement, dated April 17, 2016.

First, we would refer you to Mr. Myers' personal statement marked as Attachment "1." Ms. Myers' statement is probative for many reasons. In November of 2015, Mr. Myers made the very difficult decision of going out on disability. He suffers from significant mental health impairments, including Generalized Anxiety Disorder and Major Depressive Disorder, which have seriously compromised his ability to safely perform the duties of his position. Due to his mental impairments, Mr. Myers has suffered a steep decline in his ability to focus, maintain concentration, and recall routine work procedures. His ability to perform activities of daily living has also deteriorated. Mr. Myers states he believes that due to these impairments he would have a negative safety impact on himself and his fellow workers were he to return to his position. And notably as plainly set forth herein, Mr. Myers' subjective complaints are clinically and objectively corroborated by his treating physicians, and other providers.

In an effort to clarify Mr. Myers' ongoing medical and physical total disability status, we enclose the following medical records, reports and tests for your review:

2. Dr. Greenwood, Narrative Letter, dated July 7, 2016.

Dr. Greenwood has been Mr. Myers' treating Psychologist since October 8, 2015. Dr. Greenwood's narrative letter (Attachment "2") is a detailed chronology Mr. Myers' psychological treatment history as well as his past and present total disability status. When he presented for treatment, Mr. Myers was experiencing symptoms of acute anxiety, despondent mood, poor concentration, and sleep problems. Despite ongoing treatment and a leave of absence from work, Dr. Greenwood states "*Mr. Myers' symptoms continued unabated and prevented him from being released back to work.*" She goes on to say "*At the present time, Mr. Myers continues with chronically despondent mood, anxiety in social situations, hypersomnia, daily fatigue, poor concentration, and feelings of hopelessness about his future.*"

3. **Andrew Wolanin, Psy.D, Psychological Diagnostic Evaluation, dated June 23, 2016.**

Mr. Myers underwent a comprehensive psychological assessment on May 11, 2016, administered by Andrew Wolanin, Psy.D (Attachment "3"). Dr. Wolanin reviewed an extensive list of sources regarding Mr. Myers' treatment and administered a comprehensive battery of standardized tests in order to provide a complete and accurate psychological diagnostic evaluation. The testing results are exceptionally probative, and demonstrate clinically significant symptoms of depression and anxiety. Dr. Wolanin states, *inter alia*, as follows:

> *"Mr. Myers depressive symptoms and co-morbid generalized anxiety have limited his ability to function safely and effectively at his job as an operator at Braskem. Concentration difficulties, behavioral deactivation, fatigue, and interpersonal difficulties limit his ability to complete sequential steps quickly and to work effectively as a part of a team, and indicate he is unable to safely perform his expected work functions at this time."*

4. **Dr. Jamie Szuchyt, Neuropsychological Evaluation, dated August 14, 2014.**

More than one year prior to being placed on disability, Mr. Myers also underwent a comprehensive neuropsychological evaluation, administered by Dr. Jamie Szuchzt, at the request of his neurologist in August 2014. (Attachment "4"). Dr. Szuchyt diagnosed Mr. Myers with Major Depressive Disorder, moderate and Adjustment Disorder with Anxiety, acute. Dr. Szuchzt also assessed a GAF score of 58, indicating difficulties in functioning, and recommended continued psychological treatment.

5. **Office notes, Exton Behavioral Health and Rehab, Drs. Greenwood and Monheit, dated September 3, 2015 through June 16, 2016.**

These treatment notes from Mr. Myers' primary mental health care providers contemporaneously document Mr. Myers' ongoing symptomology and total disability status. (Attachment "5").

6. **Dr. Munshower, Work Certificates, dated December 4, 2015 and January 4, 2016.**

Dr. Munshower is Mr. Myers' primary care physician, and has stated Mr. Myers should be excused from work for an undetermined amount of time due to ongoing psychological problems. (Attachment "6").

In sum, Mr. Myers' ongoing and total disability status is fully supported by medical testing and medical treatment and is strongly corroborated by the attached supplemental records. We staunchly believe that, upon a fair review of the attached records and personal statement, there should be no real issue that Mr. Myers has been, and remains, unable to engage in his pre-disability job regardless of any particular work environment.

In consideration of the foregoing, kindly forward to my attention Lincoln's decision on this matter within forty-five (45) days of your receipt of this supplemental information provided herein.

Please also advise what steps Mr. Myers needs to take to transition to long term benefits. If you have any questions at all, please don't hesitate to call.

Thank you for your anticipated cooperation.

Very truly yours,

MARC H. SNYDER

MHS/fll
Enclosures

REF #1502298

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September 8, 2016

ROSEN MOSS SNYDER & BLEEFELD LLP
ATTN MARC SNYDER
JENKINTOWN PLAZA
101 GREENWOOD AVE SUITE 400
JENKINTOWN, PA 19046

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Re: Policyholder: BRASKEM AMERICA INC
Policy Number: 00050018941900000
Claim Number: 1150120039
Claimant: Steven Myers

Dear Mr. Snyder:

We have completed our review of your client's appeal under the Short Term disability plan adopted by BRASKEM AMERICA INC. Our company represents BRASKEM AMERICA INC, in connection with the plan. Based on the information provided, BRASKEM AMERICA INC, is unable to approve your client's claim for benefits beyond 01/07/2016.

In our appeal review process, all information previously submitted, as well as any new documentation, was used to make a determination.

To qualify for benefits under your client's employer's plan, an employee must be Totally Disabled.

> **Definition of Total Disability**
> Total Disability means due to sickness or injury, you are unable to perform each of the main duties of you regular occupation. A person engaging in any employment for wage or profit is not Totally Disabled. A loss of a professional license does not, by itself, constitute Total Disability.

Summary of Initial Claim Filing

Your client's initial claim forms state that he was unable to continue working in his own occupation beyond 11/03/2015 due to Depression, Anxiety Disorder, and ADHD.

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Benefits were approved from 11/20/2015 to 01/07/2016. Benefits were not approved beyond 01/07/2016 after we determined your client was no longer Totally Disabled from performing the main duties of his own occupation. Our evaluation included review of the medical documentation, including consultation with a health care consultant. For complete details please refer to our letter dated 03/04/2016.

Summary of Appeal

On 07/25/2016, you filed an appeal in response to our determination to terminate benefits for your client. Additional information was submitted with the appeal, including a letter from Mr. Myers, a letter from Dr. Greenwood, psychological evaluation by Andrew Wolanin, neuropsychological evaluation by Dr. Jamie Szuchyt, and medical notes from Exton Behavioral Health and Rehabilitation from 09/03/2015 to 06/16/2016. All other info received with the appeal had been previously received.

Appeal decision

We understand that Mr. Myers has been diagnosed with Depression, Anxiety Disorder, and ADHD. However, our review of the medical documentation, which included consultation with a health care consultant did not support restrictions and limitations that render your client unable to perform the main duties of his occupation beyond the date his benefits were last paid.

Overall, there are no specific restrictions and/or limitation written for your client, and his medical records do not support a loss of cognitive or psychiatric function that would require restrictions or limitations at any time including 11/06/2015 going forward.

There is no definitive evidence of loss of cognition or cognitive impairment that would require restrictions to any activity. Mr. Myers' medical records, the letters from him and his reports are all regarding stress and anxiety related to work circumstances, including performance issues. Neuropsychological testing also indicates that complaints of memory and concentration are likely related to stress and anxiety. The information provided to Lincoln shows that your client's symptoms are related to a specific workplace environment and there is no medial documentation that would support that Mr. Myers could not perform his own occupation in a different workplace.

Lastly, the severity and intensity of Mr. Myers' anxiety or depression is never clearly described in his medical information and the notes indicate that Mr. Myers' medications were even actually decreased due to his complaints of sexual side effects. Unfortunately, the majority of medical information presented in this case is vague, self-reported symptoms and there are no specific restrictions or limitations written for Mr. Myers.

In summary, the medical documentation does not support a condition that would render your client unable to perform his occupation and does not support a total disability.

Please keep in mind that you have exhausted all rights of appeal, and your client's administrative file is now closed. You have the right to pursue litigation and you may request copies of your client's pertinent documents.

If your plan is subject to ERISA, you and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to

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contact your local US Department of Labor Office and your State insurance regulatory agency. In addition, once all required reviews of your claim have been completed; you have the right to bring a civil action under applicable law.

Please contact me directly with any questions you may have or email us at LFGAppeals@lfg.com.

Sincerely,

Jarod Ashley
800-423-2765 *7251
Senior Claims Examiner, Appeals
The Lincoln National Life Insurance Company

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To Whom it may concern,

My name is Steven Myers and I have been employed as an operator by Braskem since August 2, 1999. At present, I am a Level Four operator meaning that I have responsibilities in four areas;

1. Wash/Load where I drive a Trackmobile to move railcars to locate on tracks to inspect, clean and load railcars. Assist second Operator in area, Check equipment and area for correct operation via Computer Data Rounds.

2. Extruder where I am responsible to obtain additives on pallets via fork truck from warehouse, load additives into a hopper and drop additives into the feed system for producing polypropylene pellets. Check equipment and area for correct operation via Computer Data Rounds. Prepare area for start up and shut down when necessary, build, breakdown and change out screen packs

3. Purification where I do data rounds to ensure flows, pumps, compressors and dryers containing Propylene, Hydrogen, Teal, High/Medium/Low Pressure Steam, Flare Gas, Fuel Gas, Cooling System Chemicals, Pumps Filters and Fans are functioning within set parameters. Check equipment and area for correct operation via Computer Data Rounds.

4. Reactor where I collect samples, Check equipment and area for correct operation via Computer Data Rounds, observe Equipment functions and respond to calls from Control Room Personnel to troubleshoot issues that may arise in the Process.

In each and every area of responsibility, operators are expected to report mechanical problems via a work notification process; write Total Event Reports to capture oddities in the process, Safety Concerns and Potential issues; write Accident prevention Techniques that will help ensure maximizing of my personal safety and the safety of all plant personnel.

We assist in all areas during our 12 hour shifts to maximize cooperation and lessen errors during breakdowns, shut downs or circumstances that may require additional personnel.

All areas of Plant also require frequent housekeeping, filling out related paperwork accurately, reporting of materials taken from warehouse to give accurate inventories and sometimes being involved in weekly or monthly inspections with Management Personnel.

Lock/Out Try/Out procedures using Single Source Locks, Personal Locks or Energy Isolation Lists as required. Also Standard Operating Procedures need to be followed for more standard Work Procedures. Extraordinary Work requires Special Permitting usually done with Supervisors, Lead Operators and possibly Emergency Rescue Personnel.

There are daily Safety Take-Fives prior to start of shifts, monthly hourly meetings with shifts to discuss Safety which could include recent injuries in the industry, amendments to policies, SOP's, L/O T/O Procedures, changes to Data Rounds, Reporting from Safety Committee Members, Safety Department Training and/or Updates from someone in Management.

It was necessary for me to leave my job in early November, 2015 due to a high degree of Anxiety building up for some tome.

I began having some difficulties relating to certain job tasks as early as June, 2015 and found that I was being scrutinized by my Supervisor and Management at a heightened level.

Because these difficulties with certain tasks were similar to an absence in 2014 I became increasing concerned about the stability of my employment. I saw the same difficulties with more complicated tasks and even following procedures became more difficult. I also noticed some return to memory issues as they related to work tasks.

In September, due to both myself and my wife noticing a negative transformation in my mood and attitude, I sought out the help of a Psychiatrist, as the previous Doctor had moved his office much further from my home. I called Dr. Szuchyt, whom had tested me in July, 2014 using a Neuro-Psychological Test for references and was directed to Her Exton Behavioral Health associates in Chadds Ford, PA; Psychiatrist Dr. Monheit and Counselor Dr. Greenwood Phd.

Dr Monheit prescribed 150 mg of Wellbutrin in addition to the 20 mg of Lexapro that I had been taking for years. The Wellbutrin was helpful in leveling off some symptoms of a high level of impatience, moodiness and bouts of anger or road rage that were unlike me.

While this combination of medications were helpful, the next month I returned to Dr. Monheit and we tried using the dosage of both medications and Dr. Monheit also recommended an Anxiety medication Clonazepam. I was prescribed 1 mg on Clonazepam to be taken as necessary up to three timed per day.

The Clonazepam was very helpful at night because prior to using it I was having difficulty sleeping due to my mind racing with thoughts, but I was reluctant to use Clonazepam during work or even on days off due to sleepiness.

I continue to see Dr. Monheit on an as needed basis for medication changes.

I first was seen by Dr. Greenwood on October 8, 2015 and have continued to see Her two to three times per month through April, 2016 and anticipate continuing on that schedule.

Since leaving work on Short Term Disability, my general temperament has improved, however as someone who has worked for 39 years continuously and really not being able to function as normally as i would like, I find that my energy and ability to participate in even the most menial tasks have been totally undermined.

I sleep 50% more than i previously had, I stay up later, wake up later and have slept 18 or more hours consecutively on many occasions. Sometimes I'll sleep for an extended period and return to bed after only 6 to 8 hours.

I find it difficult to motivate myself to even make it to appointments or to pick up my Son from school. I have rarely cooked dinner, which I previously would do much of the time. I stopped doing the food shopping. It is difficult to participate in Family functions even at my home and have not done so at all anywhere else.

My Anxiety initially skyrocketed upon leaving work. My Blood Pressure shot up and my ability to focus on anything was nonexistent. After one month on STD the depression kicked in, I guess due to inactivity and it became very debilitating to the point of not scheduling Doctor visits and begging out of any and all obligations

I have very strong doubts of returning to my job at Braskem due to the fact that I did return previously under similar circumstances but was unable to sustain the proper level of ability that I have shown throughout my working life.

I also have strong doubts that returning to work in a similar occupation would be any more fruitful due to the circumstances.

Exton Behavioral Health
and
REHABILITATION

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NEUROPSYCHOLOGICAL EVALUATION

Date: 8/14/2014
Provider: Jamie Szuchyt, Psy.D., CBIS
Location: EXTON OFFICE
Visit Type: Scheduled
Program: OUTPATIENT TESTING SERVICES

Patient: MYERS, STEVEN
Date of Birth: 8/12/1958 Age: 55
Sex: Male

Identifying Information

Steven is a 55-year-old Caucasian male who is presently seeking neuropsychological testing at the request of his neurologist, Pasquale Brancazio D.O., to assess his cognitive functioning and emotional state.

Chief Complaint/History of Present Illness

Steven was seen for a diagnostic interview on 6/30/2014, where he states that he has been on short-term disability for the past two and a half months. Steven has been employed as a chemical plant operator for the past 15 years and within recent months, he was placed on medical leave shortly after he began having difficulty completing work related tasks. In that regard, Steven reports difficulty with follow through and has been demonstrating poor attention to detail. He also cites mild difficulty understanding more complex tasks, which does mark a change from a previous level of functioning. Steven states that his wife has also noticed these same areas of concern within the home environment. Steven initially met with his primary care physician, John Munshower M.D., in April of 2014, who ordered blood work; this came back unremarkable. He also prescribed Steven with a trial of 15 mg. of Adderall, which Steven states was not effective in reducing symptoms ("I lost my appetite and didn't sleep"). Thereafter, Steven was referred to psychiatrist, Ranga Ram M.D., and was prescribed a series of stimulant medications including Vyvanse and Ritalin, neither of which he states were effective in reducing symptoms. He also tried Strattera but discontinued due to his experiencing an increase in fatigue. He had a neurology intake with Dr. Brancazio on 6/13/2014 due to the continuation of these symptoms, and recently underwent an MRI brain imaging scan. Results came back unremarkable for significant findings, but did show "signal abnormality in the mastoid air cells that may represent mastoiditis." In regard to current mood state, Steven states that he has been prescribed Lexapro to help treat symptoms of depression and anxiety since 2007; however, this was discontinued in June of 2014 and at the time of the interview, he was recently prescribed Cymbalta (dosage unknown). Steven currently engages in a course of individual psychotherapy with Marsha Lis, LCSW with benefit. However, Steven does cite increased anger/irritability over the past few months as he has had a series of situational stressors including his second wife suing him for alimony and his son's medical issues (e.g. ADHD and learning deficits).

Previous Psychiatric Treatment

Inpatient Setting: There is no history of inpatient psychiatric hospitalizations.

Outpatient Clinical History
Clinician: Psychotherapist
Dates: July of 2006 - November of 2006 ("off and on")
Reason: child custody issues

Outcome: beneficial

Previous Medication
Lexapro
Dates: August of 2007 - June of 2014
Response: beneficial

Medical Information

Current Functioning: Steven reports mild difficulty hearing with his left ear and had tubes inserted approximately a year ago. His vision has been corrected with glasses since the early 1990's for distance. Steven reports good appetite with stable weight. He cites improved energy level in present day. Steven states that he obtains approximately 11 to 12 hours of sleep per night on average which has decreased within the past week.

Illnesses/Conditions

Illness/Condition: h/o Bell's Palsy
History: diagnosed with Bell's Palsy in January of 2013; symptoms have since resolved
Treatment: None reported

Illness/Condition: plantar fasciitis
History: underwent an operation on right foot in December of 2012 and on medical leave until April of 2013
Treatment: surgery, physical therapy

Illness/Condition: sinus problems
Treatment: Surgery in July of 2013

Medications

Medication: Singulair (for sinuses)

Substance Use

Nicotine
Use: denied

Alcohol
Frequency: rare
Amount: once per week (couple beers)

Drug Use: denied

Developmental History

Pre-natal History
Duration: Full-term
Complications: None reported
Labor
Delivery: Normal
Milestones
On-time

Childhood Medical History

Childhood Illnesses: Unremarkable

Educational History

Educational Level: High school graduate
Attended: [X] kindergarten

Type of Placement
[X] Regular Classes
Details: Steven denies any history of receiving learning support services nor was he retained. He denies any problems with attention or concentration during school. He cites maintaining average grades (B's) throughout his education, but did not study for tests. He completed assignments on time. Steven states that he alternated between vocational technical school and academic classes during his junior and senior years of high school. He graduated from ChiChester High School in 1976.

Behavioral Problems: None reported

Occupational History

Employment Status: Medical leave
Previous Employment: Prior to this current position, Steven worked at Wawa as a pasteurizer for approximately five years. He cites good performance in this position.

Family/Social

Mother's Education: High School graduate
Occupation: homemaker

Father: died in 2005 from lung cancer
Education: High School graduate
Occupation: carpenter

Siblings: 54-year-old brother (contractor); 52-year-old sister (works in poultry); 51-year-old sister (procurement)

Family Relations (past and current): Steven reports a good relationship with his siblings, but cites a strained relationship with his mother.

Family History Of

Substance Abuse: paternal and maternal family history of alcoholism

Mental Illness: one sister has struggled with depression

Social History

Peer Relations: Steven denies difficulty forming or maintaining friendships.
Support: Intact

Marital History

Marital Status: Married

Nature of Relationship: Steven has been married to his third wife since 2007. He cites a positive relationship with his current wife who is employed as an office manager.

Previous Marriages: Steven was married to his first wife in 1981 and then divorced in 1984 ("we just grew apart"). He remarried in 1991 and initiated a divorce in 2005.

Children: two sons from second marriage (ages 21 and 19); six-year-old son

Legal History

Steven denies a significant legal history. He holds a valid driver's license and denies any driving related incidents. He has obtained approximately three speeding tickets throughout his lifetime.

Risks

Suicide: Not Evident

TESTS ADMINISTERED

Clinical Interview
Montreal Cognitive Assessment (MoCA)
Wechsler Abbreviated Scale of Intelligence (WASI)
Conners Continuous Performance Test – II (CPT-II V.5)
Wide Range Assessment of Memory and Learning – 2nd Edition (WRAML-2)
Controlled Oral Word Association Test (COWAT)
Trails A and B
WJ - III Oral Comprehension
WJ - III Picture Vocabulary
Wide Range Achievement Test – Fourth Edition (WRAT-4)
Personality Assessment Inventory (PAI)
Barkley Functional Impairment Scale (BFIS) - Self and Other Forms

BEHAVIORAL OBSERVATIONS

Steven was seen for testing on 07/25/2014 and arrived on time to his appointment. He drove himself to the assessment. Steven in a right handed male of average stature and build; he was well-groomed. He wore his glasses throughout the test day. Steven stated at the outset of session, that he discontinued all psychotropic medication of his own volition. Steven's mood was dysthymic throughout the duration of the test day; however rapport was sufficiently established. During testing he maintained appropriate eye contact, but did look around the room between subtests. On an aptitude measure assessing visual-spatial-motor integration, signs of frustration were evident. Steven made comments to himself such as, "my brain doesn't work anymore" and "it would be nice if I had a brain." On an aptitude measure assessing his verbal abstract reasoning abilities, Steven closed his eyes while answering test questions. On a measure of new learning and memory, signs of frustration were also noted. When asked to recall designs that were visually presented to him, Steven shook his head, sighed, and stated, "I lost it already." During a task that assessed his ability to recognize and recall a list of words that was verbally presented, Steven appeared to struggle. In that regard, when he had difficulty recalling the words he became visibly discouraged and stated, "if the goal is to make me cry we're getting close." Similarly, on a task that assessed his ability to recall a sequence of letters and numbers, he appeared discouraged and became emotional. He sighed and stated, "I lost," when he was unable to recall a few of these sequences. He was offered a break during the new learning and memory battery, but he declined and preferred to continue with the measure. Steven did take a 45-minute lunch break, and upon his return from lunch, his mood appeared to have improved. He completed all tasks that were asked of him and no signs of fatigue were evident. Overall, the results of the current evaluation are believed to be an accurate and reliable estimate of Steven's cognitive and personality functioning.

TEST RESULTS

Cognitive Functioning: The Montreal Cognitive Assessment (MoCA) was administered to Steven as a screening instrument to assess for the presence of cognitive dysfunction. It assesses in the following domains: orientation, attention and concentration, visuoconstructional skills, language, memory, conceptual thinking, and executive functioning. His overall performance on this measure was found to be in the Borderline Impaired range (T=34, 6th percentile). In regard to **Orientation**, Steven performed in the Average range (T=50, 50th percentile). He was oriented to time and place. The area of **Attention and Concentration** was assessed through three separate means. On a task of digit repetition, Steven performed in the Borderline Impaired range (T=31, 3rd percentile). He performed in the Average range on measures of letter tapping (T=51, 54th percentile). On a measure of serial subtraction he also performed in the Average range (T=52, 58th percentile). In **Visuoconstructional Skills**, Steven performed in the Borderline Impaired range when asked to copy a three dimensional cube (T=34, 6th percentile). He performed in the Average range when asked to draw a clock which specifies a specific time (T=55, 70th percentile). Regarding **Language** ability, Steven performed in the Average range on a task of following verbal commands (T=53, 62nd percentile). He performed in the Impaired range on a task of oral repetition of phrases and sentences (T=27, 1st percentile), but performed in the Average range on a language task of naming visually-presented objects (T=53, 62nd percentile). In the area of **Memory**, the ability to freely recall verbal information previously presented was measured, and Steven performed in the Borderline Impaired range of functioning (T=36, 8th percentile). He required three multiple choice cues and category cues in order to accurately recall three out of five words on the list. On a measure of **Conceptual Reasoning** abilities, Steven performed in the Average range on a task of abstract verbal comparison (T=53, 62nd percentile). On a subtest assessing **Executive Functioning**, in which Steven was asked to alternate between numbers and letters in consecutive order, he performed in the Average range (T=53, 62nd percentile).

Intellectual Functioning: Administration of the WASI, an individually administered measure of intellectual functioning, showed Steven to be functioning in the Superior range of general intelligence (**FSIQ** = 128; 97th percentile). He performed in the High Average range on the **Verbal Comprehension Index** (VCX = 113; 81st percentile) and he performed in the Very Superior range on the **Performance Index** (PIX = 137; 99th percentile). Steven's visual spatial skills were found to be statistically stronger in comparison to his verbal or language based abilities. His individual subtest performances generally clustered around his mean performance, with a slight weakness noted on a measure of verbal abstract reasoning abilities (Similarities, Average range).

	Standard Score	**Percentile Rank**
Full Scale IQ	128	97
Verbal Comprehension Index	113	81
Performance Index	137	99
	T Score	**Percentile Rank**
Verbal Comprehension Index		
Vocabulary	61	86
Similarities	56	73
Performance Index		
Block Design	70	98
Matrix Reasoning	70	98

Neuropsychological Functioning:

Sustained Attention/ Impulse Control: Steven completed the CPT-II to assess his capacity for **sustained attention** and **response inhibition**. He produced a valid protocol free of timing difficulties or non-compliance. Steven demonstrated slowed reaction times at the different Inter-Stimulus Intervals (Low Average range, 16th percentile). This finding reflects problems sustaining attention over time and difficulty adjusting to task demands.

Language: On an oral cloze procedure requiring the use of listening, reasoning, and vocabulary abilities, Steven performed in the Average range (**Oral Comprehension**, 36th percentile). On an expressive language measure of word knowledge and retrieval, he also performed in the Average range (**Picture Vocabulary**, 44th percentile).

Learning and Memory: Steven's acquisition and recall of new learning was assessed with the WRAML-2. His performance on the **General Memory Index** was found to be in the Average range (66th percentile). This score was comprised of the **Verbal Memory Index**, on which he scored in the Average range (50th percentile), and a **Visual Memory Index,** on which he also scored in the Average range (42nd percentile). On the **Attention/Concentration Index**, a measure of immediate rote memory ability, Steven performed in the High Average range (87th percentile). His Attention/Concentration Index was found to be statistically stronger in comparison to both the Visual Memory and Verbal Memory Indices. His long-term recall of verbal information previously shown to him was found to be in the Average range (**Verbal Recognition Index**, 63rd percentile). His long-term recall of visual information previously shown to him was found to be in the High Average range (**Visual Recognition Index**, 79th percentile). These cued performances produced a High Average performance on the **General Recognition Index** (77th percentile).

Index	Standard Score	Percentile
General Memory	106	66
Verbal Memory	100	50
Visual Memory	97	42
Attention/Concentration	117	87
General Recognition Index	111	77
Verbal Recognition	105	63
Visual Recognition	112	79

Executive Planning Skills: On a measure requiring visual scanning, numeric reasoning, and motor speed, Steven performed in the High Average range (Trails A, 76th percentile). On the second portion of this same measure, which assesses Steven's ability to alternate between sets of stimuli, he performed in the Very Superior range (Trails B, 98th percentile). Steven made one skill set error on the latter trial, but none on the former.

Executive Functioning: On a measure of word retrieval under time restraints, Steven performed in the Low Average range (**COWAT**, 22nd percentile).

Achievement skills: Steven's academic skills were assessed with the WRAT-4. He performed in the Superior range on measures of **Spelling** (96th percentile) and **Sentence Comprehension** (95th percentile). He performed in the High Average range on measures of **Math Computation** (82nd percentile) and **Word Reading** (81st percentile).

Subtest	Standard Score	Percentile	Grade Score
Word Reading	113	81	>12.9
Sentence Comprehension	125	95	>12.9
Spelling	127	96	>12.9
Math Computation	114	82	>12.9

Personality Functioning: Steven completed the PAI, an objective inventory that provides a comprehensive assessment of adult psychopathology and personality. This instrument yields information in regard to validity of response profile, significant clinical features, aspects of self-concept, interpersonal and social environment factors, treatment considerations, and DSM-IV diagnostic suggestions.

Validity of Test Results: The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, the number of uncompleted items is within acceptable limits. Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that he did attend appropriately to item content and responded in a consistent fashion to similar items. The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. The scores for these indicators fall in the normal range, suggesting that the respondent answered in a reasonably forthright manner and did not attempt to present an unrealistic or inaccurate impression that was either more negative or more positive than the clinical picture would warrant.

Clinical Features: The PAI clinical profile reveals **no marked elevations** that should be considered to indicate the presence of clinical psychopathology. Scores on one or more scales do, however, show moderate elevations that may reflect sources of difficulty for the person. The respondent describes his **thought processes as marked by confusion, distractibility, and difficulty concentrating**. He may also have problems communicating clearly with other people because of speech that may tend to be tangential or circumstantial. The respondent reports some difficulties consistent with **relatively mild or transient depressive symptomatology**. The respondent indicates some concerns about physical functioning and health matters in general.

According to the respondent's self-report, he describes NO significant problems in the following areas: antisocial behavior; problems with empathy; undue suspiciousness or hostility; extreme moodiness and impulsivity; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety. Also, he reports NO significant problems with alcohol or drug abuse or dependence.

Self-Concept: The self-concept of the respondent appears to involve a **reasonably stable and positive self-evaluation** that, as is the case with most individuals, may be occasionally punctuated by periods of self-doubt or pessimism. He describes approaching life with a clear sense of purpose and distinct convictions, with a well-articulated sense of who he is and what his goals are.

Interpersonal and Social Environment: The respondent's interpersonal style seems best characterized as being cold and unfeeling. Others likely see him as being **stern, punitive, and unable to display affection** or make a commitment to personal relationships. At times he may appear almost devoid of warmth and friendliness, and he likely has a propensity to make the others around him feel uncomfortable and uneasy. There are probably only a few people who consider him to be anything more than an acquaintance. In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, his responses indicate that both his recent level of stress and his perceived level of social support are about average in comparison to normal adults. The reasonably low stress environment and the intact social support system are both favorable prognostic signs for future adjustment.

Treatment Considerations: Treatment considerations involve issues that can be important elements in case management and treatment planning. Interpretation is provided for three general areas relevant to treatment: behaviors that may serve as potential treatment complications, motivation for treatment, and aspects of the respondent's clinical picture that may complicate treatment efforts.

With respect to anger management, the respondent describes himself as someone who tends to be easily angered. He may have **difficulty controlling the expression of his anger**, and he is probably perceived by others as having a hostile, angry temperament.

With respect to suicidal ideation, the respondent is not reporting distress from thoughts of self-harm.

The respondent's interest in and motivation for treatment is comparable to that of adults who are not being seen in a therapeutic setting. However, his level of treatment motivation is somewhat lower than is typical of individuals being seen in treatment settings. His responses suggest that he is satisfied with himself as he is, that he is not experiencing marked distress, and that, as a result, he sees little need for changes in his behavior. However, the respondent does report a number of strengths that are positive indications for a relatively smooth treatment process, if he were willing to make a commitment to treatment. If treatment were to be considered for this individual, particular areas of attention or concern in the early stages of treatment could include:

- He may currently be too disorganized or feel too overwhelmed to be able to participate meaningfully in some forms of treatment.

DSM-IV Diagnostic Possibilities: Listed below are DSM-IV diagnostic possibilities suggested by the configuration of PAI scale scores. The following are advanced as hypotheses; all available sources of information should be considered prior to establishing final diagnoses.

Axis I:	799.9	Diagnosis or Condition Deferred on Axis I
Axis I Rule Out:	300.4	Dysthymic Disorder
	300.02	Generalized Anxiety Disorder
	300.81	Somatoform Disorder NOS
Axis II:	799.9	Diagnosis Deferred on Axis II

Functional Capacities: Steven completed the Barkley Functional Impairment Scale (BFIS-LF), which is a self-report questionnaire that measures an individual's perceived degree of functional impairment in various life domains. His ratings produced clinically significant elevations in two out of 15 areas of functioning, indicative of mild impairment in certain daily living activities (Mean Impairment Score = 3.8, 76-84th percentile). He endorsed severe functional impairment in **driving a motor vehicle** (>99th percentile), and he endorsed moderate functional difficulty in **occupation** (96th percentile) in comparison to peers his age.

Theresa, Steven's wife, also completed the Observer version of the same report (BFIS-LF: Other). Her ratings of Steven produced clinically significant elevations in five out of 15 areas of functioning, also indicative of mild impairment in certain daily living activities (Mean Impairment Score = 3.9, 76-84th percentile). She endorsed severe impairment in functioning in **driving a motor vehicle** (>99th percentile) and **marital relationship** (98th percentile). She endorsed moderate impairment in the following domains: **home life with immediate family** (98th percentile), **occupation** (96th percentile), and **completing chores at home and/or managing the household** (93rd percentile).

SUMMARY AND IMPRESSIONS

Steven is 55-year-old male who was seen for testing to assess his cognitive functioning and emotional status. He engaged in a battery of tests that extended over the course of one day, during which he was cooperative and appeared to apply sufficient effort. However, negative self talk was evident throughout the assessment. Steven's overall performance on a global neurological screening instrument was found to be in the Borderline Impaired range. Weaker performances were evident in attention, visual-spatial-motor integration, language, and memory. However, when these areas were assessed more fully, he performed within normal limits suggesting that anxiety may have been a factor on his performances at the early phase of the testing session. On aptitude testing, Steven obtained a Full Scale IQ score in the Superior range, reflecting statistically stronger perceptual abilities (Superior range) in comparison to verbal skills (High Average range). Steven gave a Low Average range performance on a computer-based measure of sustained attention and impulse control. He gave intact performances on measures of language (Average range). Moreover, in regard to memory functioning, he demonstrated intact ability to encode, retain, and retrieve both verbal and visual information (High Average to Average ranges). On an executive measure assessing his ability to shift between sets of stimuli, Steven gave a robust performance (Very Superior range). On a second executive measure of word retrieval, he performed in the Low Average range. On an academic screener, Steven performed in the Superior range on measures of Spelling and Sentence Comprehension. He gave High Average range performances in Math Computation and Word Reading. On personality testing, Steven's ratings did not produce any clinically significant elevations. However, there was subclinical endorsement of poor attention capacity and depressive mood states (with irritability). Steven and his wife completed a self-report questionnaire that measures a person's perceived degree of functional deficit across 15 domains. On this measure Steven rated himself as having difficulty within the occupational context and when driving. His wife also endorsed these same areas of concern in addition to marital discord and problems completing household chores.

Overall, the results of testing show Steven to have Superior intellectual abilities with statistically stronger perceptual skills (reflecting visual-spatial-motor processing abilities) in comparison to verbal abilities (reflective of language-based processing skills). Steven demonstrated intact cortical functioning overall, with marked strength noted on an executive task of set shifting and psychomotor speed (Very Superior range). Mild compromise was evident on objective measures of sustained attention and word retrieval (Low Average ranges). In considering potential reasons for Steven's perceived cognitive difficulties, results of the current evaluation are not indicative of the presence of any new sources of cognitive decline. In that regard, Steven's present day performances are consistent with his premorbid level of functioning (based upon academic testing) and his pattern of test results is discrepant from the protocols typically observed in individuals with a dementing process. Results of psychological testing failed to produce any clinically significant elevations. However, there was subclinical endorsement of poor concentration capacity and mild depression, both of which are consistent with Steven's psychiatric history and report upon interview. These findings, when combined with Steven's self-report of increased situational stressors (e.g. short-term disability, custody concerns), are considered the primary contributors to his present day cognitive difficulties. In order to obtain psychiatric and cognitive relief, it is recommended that Steven continue to engage in a steady treatment protocol (psychotherapy, psychopharmacology) to enhance his overall mood state. Please find further recommendations below.

DIAGNOSIS

Axis I:	296.32 Major Depressive Disorder, Recurrent, Moderate
	309.24 Adjustment Disorder with Anxiety, acute
Axis II:	799.9 Diagnosis deferred
Axis III:	Medical Conditions: h/o Bell's palsy
Axis V:	GAF = 58

RECOMMENDATIONS

Medical: Steven should maintain regularly scheduled appointments with his primary care physician to maintain comprehensive physical evaluations and also for monitoring of his current medical conditions. It is also recommended that Steven continue to pursue psychiatry services for medication management of major depression. It is also recommended, given his self-endorsement of driving difficulty, that he engage in a driver's evaluation at Bryn Mawr Rehabilitation Hospital. They can be reached at (484) 596-5400.

Behavioral Health: It is recommended that Steven continue to engage in a course of psychotherapy aimed at helping him to improve his mood state. Ways to help improve his future outlook should also be explored as should the implementation of appropriate behavioral coping skills to utilize during times of stress. The Cognitive Behavioral Workbook for Anxiety by Dr. William Knaus may be a beneficial resource as would be community support and psychoeducation through the Anxiety and Depression Association of America (www.adaa.org).

EXAMINER

Jamie L. Szuchyt Psy.D., CBIS

Jamie L. Szuchyt, Psy. D., CBIS
PA Licensed Psychologist
Nationally Certified Brain Injury Specialist
Phone: 610-873-2233 ext. 325

Exton Behavioral Health & Rehabilitation
The Commons at Oaklands
766 West Lincoln Highway, Exton, PA 19341
Phone: 610-873-2233 Fax: 610-873-2235
Web: www.ebhr.org

Intake Note

Date:	**9/3/2015**		
Provider:	A. David Monheit, M.D.		
Session Time:	1:30 pm - 2:00 pm	Duration:	30 mins.
Visit Type:	Scheduled		
Patient:	**MYERS, STEVEN**		
Date of Birth:	8/12/1958	Age:	57
Sex:	Male		

Identifying Information

The patient is a 57 year old male. The history was provided by PT.

Chief Complaint/History of Present Illness

57 y/o man, married, works in chemical plant, being treated for depression with lexapro 20 mg and wellburin 150 mg for the past year. Changing psychiatrists due to logistical reasons. About a 1.5 years ago, pt began having problems with his memory and concentration, was subsequently dx with depression. pt had hx of anxiety in 2007, when he began taking lexapro. pt had had no prior psychiatric hx before 2007. There is no family psychiatric hx. Pt denies hx of alcohol or substance abuse. Pt recently had plantar fascitis which required surgery in 2012 and was out of work for 8 months. also had episode of bell's palsy and ear infections, which led to more loss of work. pt had neuropsychological exam in 2014 which led to dx of depression. Pt has been working full time since 10/14. Pt feels that his concentration is improved, but does have anergia, poor/irregular sleep, Pt denies suicidal ideatoin. pt is concerned about decreased sexual drive and performance which he associates with his starting wellbutirn

Medical Information

Height: 6 ft 0 in
Weight: 205
BMI: 27.8
BSA: 2.17
Allergies: percoset

Illnesses/Conditions

Illness/Condition: denies current medical problems

Mental Status

The patient appears his stated age. He is well oriented in all spheres. Regarding level of consciousness, he appears alert. Affect is appropriate. Mood is euthymic. He presented himself in a neatly dressed and well-groomed fashion. Eye contact can be described as good. His speech is logical, coherent, and goal-directed. Recent memory appears unimpaired. Remote memory is not impaired. Psychomotor activity can be characterized by normal movements and activity level. Regarding conceptual disorganization, none is evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment is good. Attention/Concentration is characterized by an ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Risks

Suicide

Suicide: Not Evident

Physical Violence

Physical Violence: Not Evident

Substance Abuse

Substance Abuse: Not Evident

Substance Use

Nicotine
Use: No

Alcohol
Frequency: denied

Drugs
Drug Use: denied

Marital History

Marital Status: Married

Nature of Relationship: satisfied with marriage

Children: 23, 20, 7

Medications

Medication: Lexapro 20 mg qd
Start Date: 9/3/2015

Medication: wellbutrin 75 mg qd
Start Date: 9/3/2015
Medication Risks/Benefits Discussed: Yes

Medication Plan
9/3 - decrease wellbutrin to 75 mg due to sexual problems, rtc 4 weeks. try to obtain neuropsychological testing done in exton office

DSM-IV Diagnosis

Axis I: 311 Depressive Disorder NOS (Principal)
Axis II: V71.09 No Diagnosis or Condition on Axis II
Axis III: none acute
Axis IV: work

Exton Behavioral Health & Rehabilitation
The Commons at Oaklands
768 West Lincoln Highway, Exton, PA 19341
Phone: 610-873-2233 Fax: 610-873-2235
Web: www.ebhr.org

Progress Note

Date: **10/1/2015**
Provider: A. David Monheit, M.D.
Session Time: 12:15 pm - 12:30 pm Duration: 15 mins.
Visit Type: Scheduled

Patient: **MYERS, STEVEN**
SSN: 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
Date of Birth: 8/12/1958 Age: 57
Sex: Male
Address: 3207 SUMMERSET ROAD, WILMINGTON, DE 19810

Content/Process

Themes Discussed
[X] Relationship/Family
[X] Work Problems
[X] Parenting Issues
[X] Family Issues
[X] Work

Other themes (Narrative): Pt having conflict both at work and at home. He did not find increased wellbutrin helpful. Neuropsychological testing was reviewed. pt feeling increasingly anxious, particularly about work.

Session Content:

DSM/ICD Diagnosis

1. F41.9 Anxiety disorder, unspecified

DSM-IV Diagnosis

Axis I: 300.00 Anxiety Disorder NOS (Principal)
Axis II: V71.09 No Diagnosis or Condition on Axis II
Axis III: none
Axis IV: medical
work
family
Axis V: Current GAF 50
Highest Past Year
Current GARF 55
Highest Past Year

Mental Status

The patient appears his stated age. He is well oriented in all spheres. Regarding level of consciousness, he appears alert. Affect is appropriate. Mood is anxious, depressed. He presented himself in a neatly dressed and well-groomed fashion. Eye contact can be described as good. His speech is logical, coherent, and goal-directed. Recent memory appears unimpaired. Remote memory is not impaired. Psychomotor activity can be characterized by normal movements and activity level. Regarding conceptual disorganization, none is evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment is good. Attention/Concentration is characterized by an ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Risks

Suicide

Suicide: Not Evident

Physical Violence

Physical Violence: Not Evident

Substance Use

Nicotine
Use: No

Alcohol
Frequency: denied

Drugs
Drug Use: denied

Medications

Medication: Lexa pro 20 mg qd
Start Date: 10/1/2015

Medication: wellbutrin xl 150 qd
Start Date: 10/1/2015

Medication: Klonopin 1 mg q 8 h prn
Start Date: 10/1/2015
Medication Risks/Benefits Discussed: Yes

Medication Plan
10/1 - lexapro 20 mg #90 tab 1 qd, wellbutrin xl 150 mg #90 tab 1 qd, klonopin 1 mg #90 tab 1 q 8 h prn, rtc 4 weeks

Treatment Planning

Primary Treatment/Recommendation: Medical management

Signatures

David Monheit, M.D.
e-Signed by David Monheit, M.D.
Date: 10/01/2015 1:29 pm

medical issues
Axis V: Current GAF 50
Highest Past Year
Current GARF 60
Highest Past Year

Treatment Planning

Primary Treatment/Recommendation: Medication management

Signatures

David Monheit, M.D.
e-Signed by David Monheit, M.D.
Date: 09/03/2015 2:07 pm

Intake Note

Date:	**10/8/2015**
Provider:	Leah Greenwood, Ph.D., ABPP
Location:	CHADDS FORD OFFICE
Service:90791	Psychiatric Diagnostic Evaluation without Medical Services
Visit Type:	Scheduled
Program:	OUTPATIENT PSYCHOLOGY SERVICES

Patient:	**MYERS, STEVEN**		
Date of Birth:	8/12/1958	Age:	57
Sex:	Male		

Identifying Information

The patient is a 57 year old male who is presently seeking counseling services to address work stress.

Chief Complaint/History of Present Illness

Patient reports that he was seen by Dr. Szuchyt last year in July for NP eval following incidents of forgetfulness at work and eventual referral from neurologist who had run scans that were unremarkable. Results of testing showed presence of depression and anxiety. Patient was then referred to psychiatry where he was treated for depression (although had already been prescribed Lexapro). He is now taking Lexapro (20mg), Wellbutrin (75 mg.) and Klonopin (as of recently). Patient had gone out on 6 mos medical leave at that time, and returned to full duty last October. Patient reports that he continues to have periods of acute anxiety, related to work stressors. He states that he feels he is again under scrutiny by his work management. He states that he has been called in for mistakes, etc., which he states have continued to occur but he feels they are of a minor nature. Patient reports that sleep is improved with Klonopin. He denies any other acute stressors besides work. He is currently followed by Dr. Monheit in Chadds Ford office. He questions whether he should obtain legal counsel in regard to threat of job termination, although he does not feel this is imminent. He expresses intention to look at his employee file and to obtain a written description of his job. Patiet denies any self or other harm intent.

Dr Monheit's intake on 09/03/2015:
57 y/o man, married, works in chemical plant, being treated for depression with lexapro 20 mg and wellburin

150 mg for the past year. Changing psychiatrists due to logistical reasons. About a 1.5 years ago, pt began having problems with his memory and concentration, was subsequently dx with depression. pt had hx of anxiety in 2007, when he began taking lexapro. pt had had no prior psychiatric hx before 2007. There is no family psychiatric hx. Pt denies hx of alcohol or substance abuse. Pt recently had plantar fascitis which required surgery in 2012 and was out of work for 8 months. also had episode of bell's palsy and ear infections, which led to more loss of work. pt had neuropsychological exam in 2014 which led to dx of depression. Pt has been working full time since 10/14. Pt feels that his concentration is improved, but does have anergia, poor/irregular sleep. Pt denies suicidal ideatoin. pt is concerned about decreased sexual drive and performance which he associates with his starting wellbutirn

Previous Treatment

Inpatient Setting:The Light Program - Help Counseling
Dates: August 2014
Reason: depression

Clinician: Counseling with LCSW
Dates: 2014
Reason: alimony dispute, work stress

Symptoms/Impairments

The patient is experiencing anxiety and worry (3-Moderate), concern over physical health (2-Mild), depressed mood (2-Mild), diminished libido (2-Mild) and impaired concentration (3-Moderate).

Medical Information

The patient's current health is good

Height: 6 ft 0 in
Weight: 205
BMI: 27.8
BSA: 2.17
Allergies: percoset

Illnesses/Conditions

Illness/Condition: hypercholesterolemia
Treating Physician: PCP
History: borderline
Treatment: now prescribed med for it

Illness/Condition: seasonal allergies
Treating Physician: allergist
History: lifelong
Treatment: Singulair

Mental Status

The patient appears his stated age. He is well oriented in all spheres. Regarding level of consciousness, he appears alert. Affect is appropriate. Mood is euthymic. He presented himself in a neatly dressed and well-groomed fashion. Eye contact can be described as good. His speech is logical, coherent, and goal-directed. Recent memory appears unimpaired. Remote memory is not impaired. Psychomotor activity can be characterized by normal movements and activity level. Regarding conceptual disorganization, none is evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment is good. Attention/Concentration is characterized by an ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Substance Use

Nicotine
Use: No

Alcohol
Frequency: rare

Drugs
Drug Use: denied

Educational/Occupational

Educational Level: Graduated from Chichester High School

Type of Placement
[X] Regular Classes

Occupational History

Employment Status: Employed Part-Time
Employer: Braskem - Swedish chemical/plastics company
Position: chemical operator
Dates of Employment: 16 years
Job Satisfaction: fair
Means of Support: Family

Family/Social

Mother: lives in Boothwyn
Age: 80

Father: deceased - lung cx

Parents Status: Married Year:

Siblings: 1 brother, 2 sisters

Family Relations (past and current): close; brother is recovering alcoholic

Marital History

Marital Status: Married

Nature of Relationship: satisfied with marriage

Previous Marriages/Sign. Relationships: first marriage, 2 daughters 23, 20, live with their mother

Children: 7 year old son with current wife

Medications

Medication: Lexapro 20 mg qd
Start Date: 9/3/2015

Medication: wellbutrin 75 mg qd
Start Date: 9/3/2015
Medication Risks/Benefits Discussed: Yes

Medication Plan
9/3 - decrease wellbutrin to 75 mg due to sexual problems, rtc 4 weeks. try to obtain neuropsychological testing done in exton office

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate
   Status: Principal

DSM-IV Diagnosis

Axis I: None Recorded
Axis II: None Recorded
Axis III: none acute
Axis IV: work
medical issues

Treatment Planning

Primary Treatment/Recommendation: Counseling for work-related issues

Primary Treatment/Recommendation: Medication management

Goals

Treatment Goal #1: Decrease anxiety
Date Defined: 10/8/2015

Treatment Goal #2: Improve work satisfaction
Date Defined: 10/8/2015

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 10/08/2015 6:04 pm

Progress Note

Date:	**10/29/2015**		
Provider:	A. David Monheit, M.D.		
Location:	CHADDS FORD OFFICE		
Session Time:	12:15 pm - 12:30 pm	Duration:	15 mins.
Visit Type:	Scheduled		

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Relationship/Family
[X] Work Problems
[X] Medical Problems

Other themes (Narrative): pt feels a bit less depressed and anxious, reluctant to use klonopin. continues to have conflict at work. pt denies any medical problems.

Session Content:

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate
   Status: Principal

Mental Status

The patient appears his stated age. He is well oriented in all spheres. Regarding level of consciousness, he appears alert. Affect is appropriate. Mood is anxious. He presented himself in a neatly dressed and well-groomed fashion. Eye contact can be described as good. His speech is logical, coherent, and goal-directed. Recent memory appears unimpaired. Remote memory is not impaired. Psychomotor activity can be characterized by normal movements and activity level. Regarding conceptual disorganization, none is evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment is good. Attention/Concentration is characterized by an ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Risks

Suicide

Suicide: Not Evident

Physical Violence

Physical Violence: Not Evident

Substance Abuse

Substance Abuse: Not Evident

Substance Use

Nicotine
Use: No

Alcohol
Frequency: rare

Drugs
Drug Use: denied

Medications

Medication: Lexapro 20 mg qd
Start Date: 9/3/2015

Medication: wellbutrin 75 mg qd
Start Date: 9/3/2015
Medication Risks/Benefits Discussed: Yes

Medication Plan
9/3 - decrease wellbutrin to 75 mg due to sexual problems, rtc 4 weeks. try to obtain neuropsychological testing done in exton office
10/27 - renew medications above, rtc 8 weeks.

Treatment Planning

Primary Treatment/Recommendation: Counseling for work-related issues

Primary Treatment/Recommendation: Medication management

Signatures

David Monheit, M.D.
e-Signed by David Monheit, M.D.
Date: 10/29/2015 1:13 pm

Progress Note

Date: **11/3/2015**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Work Problems

Session Content:
Patient reports that he remains quite anxious at work due to lacking clarity on what the "issues" are that

his coworkers or supervisor are raising. Patient requested to look at his personnel file and to receive a copy of a job description. This resulted in a meeting being called involving HR and supervisor and next up. Patient could not give specific accounting of what transpired in this meeting, although he remembers that he did not have much opportunity to rebut what was told to him. He asked for a meeting with his "boss's boss" which is scheduled for tomorrow. Patient was advised to request specifics in regard to what is apparently being asked of him. There still appear to be issues with memory, although recent work ups have ruled out neurological events. Patient reports that he is followed by Dr. Monheit for anxiety and depression management. Pt feels his concentration and memory problems relate to anxiety. Follow up in 2 weeks. No acute risk factors evident.

Interventions

1) provide emotional support and active listening
2) assist patient in identifying coping strategies

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 11/03/2015 5:21 pm

Progress Note

Date: **11/10/2015**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Medical Problems
[X] Work

Session Content:
Patient reports that he was placed on a performance plan last week at work. He received a document during a meeting with Supervisor and HR which listed a series of work-related problems and corrective actions to be implemented. Patient reports that he objects to the majority of these citations and as a result he wrote up his response to each of the incidents. Patient states that he was very upset after the meeting, and was feeling hopeless in regard to his capacity to sufficiently meet expectations. Patient went to his

doctor who wrote him out from work on that day, Nov 6th. Patient applied for short term disability through the employment health department. Patient remains under the care of psychiatrist, Dr. Monheit for treatment of depression and anxiety. Patient states that anxiety was acute at times while he was in the workplace, but became more manageable when he did not take himself back into the workplace. Patient states that he is trying to take it easy at home; wife is in Michigan tending to her terminally ill mother, but she is supportive of him. There are no signs of acute risk of self or other harm. Patient will follow up in 3 weeks.

Interventions

1) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 11/10/2015 2:24 pm

Progress Note

Date: **12/3/2015**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Work Problems
[X] Medical Problems

Session Content:
Patient reports that he remains on medical leave from work. He states that he is fearful to return to work and predicts that he will be fired when he returns due to what he believes is an unrealistic performance improvement plan. He has anxiety when he thinks about the work place. He is also feeling depressed about his circumstances, "I've pretty much lost my job as I see it." He states that there is something that happens to him cognitively that has made it difficult for him to learn certain procedures at work. He has been through extensive medical work up during past year as a result of these issues; imaging and NP testing do not show any neurological changes and his attention and memory issues were attributed to

stress and anxiety. Patient will see primary care physician and will determine a return to work date, which will likely not be at the end of the 30 days approved, which is approaching. To deal with anxiety, patient is taking Klonopin at evening and at am. He is okay if he is not thinking about work issues. Patient had filled out an extensive response to the PIP that he received, but he has had no response from employer in regard to it. Patient denies any intent to harm self or others. I will see him in two weeks.

Interventions

1) assist patient in identifying coping strategies
2) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Symptoms/Impairments

The patient is experiencing anxiety and worry (3-Moderate), concern over physical health (2-Mild), depressed mood (3-Moderate), diminished libido (2-Mild) and impaired concentration (3-Moderate).

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 12/03/2015 6:20 pm

Progress Note

Date: **12/22/2015**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Work Problems

Session Content:
Patient remains out on medical leave from work. His mood is despondant, although no signs of self harm risk. He is concerned about the future and supporting his family. He feels anxiety about the uncertainty of his livelihood. He has not received response to his request for work accommodations from his employer. He continues to follow medication regimen of Dr. Monheit who is treating him for depression. He will

return for follow up in January.

Interventions

1) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 12/22/2015 5:32 pm

Progress Note

Date: **2/2/2016**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Work

Session Content:
Patient reports that he has been feeling "pretty down" since he was last in. He states that he remains out on medical leave from work. He experiences anxiety during the day, which requires more prn use of klonopin. He states that he has attempted to correspond (via email) with personnel from his workplace, but has recieved no response. He is worried about transition from short term to long term disability period; has not had communication from Lincoln Financial regarding his status. He remains compliant with medication regimen. He reports low activity level and little interest in engaging in household tasks. Spouse remains supportive. No evidence of self-harm risk. Follow up in a month.

Interventions

1) provide emotional support and active listening
2) assist patient in identifying coping strategies

Plan

Continue Current Treatment Plan [X] Yes [ ] No

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate
   Status: Principal

DSM-IV Diagnosis

Axis I: None Recorded
Axis II: None Recorded
Axis III: none acute
Axis IV: work
medical issues

Symptoms/Impairments

The patient is experiencing anxiety and worry (4-Severe), brooding over the past (4-Severe), concern over physical health (2-Mild), depressed mood (3-Moderate), diminished libido (2-Mild), feelings of worthlessness (3-Moderate) and impaired concentration (3-Moderate).

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 02/02/2016 12:27 pm

Progress Note

Date: **2/11/2016**
Provider: A. David Monheit, M.D.
Location: CHADDS FORD OFFICE
Session Time: 1:15 pm - 1:30 pm Duration: 15 mins.
Visit Type: Scheduled

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Relationship/Family
[X] Identity/Role
[X] Work Problems

Other themes (Narrative): pt has not seen me since 10/29, has been getting meds from PCP, having work and family troubles, feels more anxious. Pt is taking lexapro 20 mg qd, wellbturin 150 mg, klonopin 1 mg bid, question is can he increase

Session Content:

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate
   Status: Principal

Mental Status

The patient appears his stated age. He is well oriented in all spheres. Regarding level of consciousness, he appears alert. Affect is appropriate. Mood is anxious, depressed. He presented himself in a neatly dressed and well-groomed fashion. Eye contact can be described as good. His speech is logical, coherent, and goal-directed. Recent memory appears unimpaired. Remote memory is not impaired. Psychomotor activity can be characterized by normal movements and activity level. Regarding conceptual disorganization, none is evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment is good. Attention/Concentration is characterized by an ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Risks

Suicide

Suicide: Not Evident

Physical Violence

Physical Violence: Not Evident

Substance Abuse

Substance Abuse: Not Evident

Substance Use

Nicotine
Use: No

Alcohol
Frequency: rare

Drugs
Drug Use: denied

Medications

Medication: Klonopin 1mg tab 1 8 h prn
Start Date: 2/11/2016

Medication: Lexapro 20 mg qd
Start Date: 9/3/2015
Medication Risks/Benefits Discussed: Yes

Medication: wellbutrin 150 mg
Start Date: 9/3/2015

Medication Risks/Benefits Discussed: Yes

Medication Plan
9/3 - decrease wellbutrin to 75 mg due to sexual problems, rtc 4 weeks. try to obtain neuropsychological testing done in exton office
10/27 - renew medications above, rtc 8 weeks.
2/11- pt has supply of medications, pt will continue to see PCP for medications, is seeing therapist

[X] Patient Consent for Medication Management Services

Treatment Planning

Primary Treatment/Recommendation: Counseling for work-related issues

Primary Treatment/Recommendation: Medication management

Signatures

David Monheit, M.D.
e-Signed by David Monheit, M.D.
Date: 02/11/2016 2:46 pm

Progress Note

Date: **3/1/2016**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service:90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Relationship Issues
[X] Work

Session Content:
Patient remains anxious and depressed. Finds himself sleeping excessively. Throughout the day he remains preoccupied with circumstances that happened at work. He is not involving himself in anything out in the community. Patient was helped to reframe negative thinking. He is waiting on determination of LTD benefit. He denies any intent to harm self. No other risk factors present. Follow up as needed.

Interventions

1) assist patient in identifying coping strategies

2) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 03/01/2016 5:54 pm

Progress Note

Date: **3/29/2016**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Medical Problems

Session Content:
Patient presents with somber mood. States that he remains in "limbo" with regard to status with employer and medical leave issues. Over the holiday weekend he states that he slept "27 hours" straight; has never known himself to sleep that long. He continues on medication regimen from Dr. Monheit. States that Klonopin at pm helps him sleep. He considers that his life has taken a seriously negative turn. He denies that he is at any risk of harming himself or anyone else; states that he has never had thoughts like that. Will follow up as needed.

Interventions

1) assist patient in identifying coping strategies
2) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 03/29/2016 2:11 pm

Progress Note

Date: **4/26/2016**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Medical Problems
[X] Family Issues
[X] Work

Session Content:
Patient reports that present circumstances have become quite stressful. He states that he lacks motivation to engage in activity each day. He recently recovered from a bout of pneumonia. States that his blood sugar has risen and that he may be a candidate for medication. Sleep is erratic; sometimes he is sleeping excessively and other times sleeps poorly. Patient continues to not receive income from any disability plan; he has consulted legal counsel about this. He is anxious about financies and states that this is placing much stress upon his spouse He knows that work has offered date in June to return to the workplace if ready to. Mood is dysphoric. No acute signs of self harm risk. Follow up as needed

Interventions

1) assist patient in identifying coping strategies
2) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 04/26/2016 5:10 pm

Progress Note

Date: **5/17/2016**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service:90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Medical Problems
[X] Work

Session Content:
Patient presents with dysphoric mood, low energy; states that he is not any better. He remains without motivation, trouble sleeping, erratic sleep/wake patterns, socially isolated. States that he has trouble concentration. He will consult with Dr. Monheit about adjusting meds for depressed mood. Patient reports that he underwent psychological testing recently through referral by his attorney; patient is awaiting results. Patient states that he cannot return to work in present state and does not anticipate he will be ready to return to work on June 10 which is when I projected that the acute phase of an adjustment disorder would remit. Depressed mood does not seem to be entirely driven by current circumstances. Patient states he wishes he could "snap out of this," but states that he cannot motivate himself to change his current inactive daily living pattern. States that wife is becoming frustrated and worried about future. Patient states that he was in traffic accident 2 weeks ago, but this was not his fault. Patient states that he is driving in safe manner. No signs of self harm risk. Follow up in 2 weeks.

Interventions

1) provide emotional support and active listening
2) assist patient in identifying coping strategies

Plan

Continue Current Treatment Plan [X] Yes [ ] No

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate
   Status: Principal

DSM-IV Diagnosis

Axis I: None Recorded
Axis II: None Recorded
Axis III: none acute
Axis IV: work
medical issues

Goals

Treatment Goal #1: Decrease anxiety
Date Defined: 10/8/2015

Treatment Goal #2: Prepare to return to work
Date Defined: 10/8/2015
Progress toward goal: 1- No Progress

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 05/17/2016 6:07 pm

Progress Note

Date:	**6/2/2016**		
Provider:	A. David Monheit, M.D.		
Location:	CHADDS FORD OFFICE		
Session Time:	10:00 am - 10:15 am	Duration:	15 mins.
Visit Type:	Scheduled		
Patient:	**MYERS, STEVEN**		
Date of Birth:	8/12/1958	Age:	57
Sex:	Male		

Content/Process

Themes Discussed
[X] Relationship/Family
[X] Identity/Role
[X] Work Problems

Other themes (Narrative): Pt is seeing PCP for medications, and is seeing therapist. He is coming to me for complaints of drowsiness, which is most likely related to klonopin which he can reduce as it is prescribed on a prn basis. Pt remains out of work, SSI was denied

Session Content:

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate

Status: Principal

Mental Status

The patient appears his stated age. He is well oriented in all spheres. Regarding level of consciousness, he appears alert. Affect is appropriate. Mood is anxious, depressed, disgruntled, . He presented himself in a neatly dressed and well-groomed fashion. Eye contact can be described as good. His speech is logical, coherent, and goal-directed. Recent memory appears unimpaired. Remote memory is not impaired. Psychomotor activity can be characterized by normal movements and activity level. Regarding conceptual disorganization, none is evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment is good. Attention/Concentration is characterized by an ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Risks

Suicide

Suicide: Not Evident

Physical Violence

Physical Violence: Not Evident

Substance Abuse

Substance Abuse: Not Evident

Substance Use

Nicotine
Use: No

Alcohol
Frequency: rare

Drugs
Drug Use: denied

Medications

Medication: Klonopin 1mg tab 1 8 h prn
Start Date: 2/11/2016
Medication Risks/Benefits Discussed: Yes

Medication: Lexapro 20 mg qd
Start Date: 9/3/2015
Medication Risks/Benefits Discussed: Yes

Medication: wellbutrin 150 mg
Start Date: 9/3/2015
Medication Risks/Benefits Discussed: Yes

Medication Plan
9/3 - decrease wellbutrin to 75 mg due to sexual problems, rtc 4 weeks. try to obtain neuropsychological testing done in exton office

10/27 - renew medications above, rtc 8 weeks.
6/2 - pt continues to have PCP rx meds, rtc prn. advised to reduced klonopin

[X] Patient Consent for Medication Management Services

Treatment Planning

Primary Treatment/Recommendation: Counseling for work-related issues

Primary Treatment/Recommendation: Medication management

Signatures

David Monheit, M.D.
e-Signed by David Monheit, M.D.
Date: 06/02/2016 12:51 pm

Progress Note

Date: **6/16/2016**
Provider: Leah Greenwood, Ph.D., ABPP
Location: CHADDS FORD OFFICE
Service: 90837 Psychotherapy, 60 minutes
Visit Type: Scheduled
Program: OUTPATIENT PSYCHOLOGY SERVICES

Patient: **MYERS, STEVEN**
Date of Birth: 8/12/1958 Age: 57
Sex: Male

Content/Process

Themes Discussed
[X] Identity/Role
[X] Work

Session Content:
Patient was accompanied by spouse Theresa in this session. She appears supportive and expresses concern about patient's diminishing level of activity. Patient was tearful. States that he sleeps during day and is up at night. States he is not motivated to do anything; can't plan into the future. Spouse observes his mood to fluctuate, which includes acute episodes of depressive mood. Patient was queried in regard to suicidal or homicidal thinking or intent and he denied both. Patient saw psychiatrist last week; continues on medications klonopin, wellbutrin, and lexapro. Patient expresses high state of stress over current financial status - there is no income coming in for him. He was terminated from his employer last week as well, but he has had no further communication from them in regard to pay owed from fringe benefits, etc. Any attempt to talk constructively about rehabiliation for future employment leads to patient "tuning out," as described by wife when the conversation went in that direction. Apparently there is pending testing report from an independent psychologist that may shed further info in regard to diagnostic picture; I see self-reported cognitive difficulties as function of acute major depressive disorder. Follow up in 2 weeks.

Interventions

1) assist patient in identifying coping strategies
2) provide emotional support and active listening

Plan

Continue Current Treatment Plan [X] Yes [ ] No

DSM/ICD Diagnosis

1. F33.1 Major depressive disorder, recurrent, moderate
   Status: Principal

Symptoms/Impairments

The patient is experiencing anxiety and worry (4-Severe), brooding over the past (4-Severe), concern over physical health (2-Mild), depressed mood (3-Moderate), diminished libido (2-Mild), feelings of worthlessness (3-Moderate) and impaired concentration (3-Moderate).

Treatment Planning

Primary Treatment/Recommendation: Counseling for work-related issues

Primary Treatment/Recommendation: Medication management

Signatures

Greenwood, Ph.D., ABPP, Leah
e-Signed by Greenwood, Ph.D., ABPP, Leah
Date: 06/16/2016 5:18 pm

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toll free (800) 423-2765
www.LincolnFinancial.com

PSYCHIATRIC SUPPLEMENTAL INFORMATION

PART 1 - PATIENT INFORMATION

Name: Steven Myers SS#: ______ Date of Birth: 8/12/58

PART 2 - ATTENDING PHYSICIAN'S STATEMENT

Diagnosis (DSM IV CRITERIA)

Axis I: F33.1 MDD

Axis II:

Axis III:

Axis IV: 0 1 2 3 4 5 6

Axis V: Current GAF Score
Highest GAF Score Past Year

Symptoms Reported: depressed mood, anxiety, ↓ concentration ↓ energy ↓ appetite, ↑ sleeping

Symptoms Observed: anxious, dysphoric mood

History

Date symptoms first appeared:
Date patient ceased to work because of incapacity: 11/06/15
Date of first visit for treatment or consultation: 9/23/15

History of Treatment for Psychiatric/Psychological Problems

Treatment Dates	For what Problem?	Treatment Provider or Facility (Level of care IOP, PHP, INPT)
8/2014 - 10/2014	MDD	IOP Life Counseling

Current Treatment

Therapy Method and Goal(s): Psychiatry - med management - monthly; Psychological consulting

Frequency and Length of Sessions: monthly

Number of Sessions to Date:

Treatment Compliance: Compliant

Treatment Response to Date:

Expected Outcomes and Time Frame:

Medications

Medication Name	Lexapro	Wellbutrin	Klonopin	
Date Started				
Initial Dosage	20 mg	150 mg	1mg. TID	
Initial Response				
Date of Last Dosage Change		9/03/15	10/01/15	
Current Dosage	Same	Same	Same	
Response				
Side Effects				
Serum Levels				
Compliance	✓	✓	✓	
Date Medication Discontinued				

Future Treatment Plans

What changes in your treatment are underway or being considered? Continue treatment plan

Mental Status Evaluation

Behavioral. Appearance ☑ Groomed ☐ Disheveled ☐ Poor Hygiene
Eye Contact ☑ Good ☐ Fair ☐ Poor
Motor Activity ☑ Normal ☐ Hyperactive ☐ Hypoactive
Speech ☑ Clear ☐ Pressured ☐ Soft ☐ Slurred
Impulse Control ☑ Adequate ☐ Impaired
Comments:

Cognitive: Orientation ☑ Time ☑ Place ☑ Person ☑ Situation
Language Problems ☐ Expressive ☐ Receptive ☐ Comprehension
Memory Problems ☐ Immediate ☐ Recent ☑ Remote
Concentration/Attention ☐ Intact ☐ Impaired ☑ Fluctuates
Judgment ☐ Intact ☑ Impaired
Insight ☐ Good ☑ Fair ☐ Poor
Comments:

Affective: Affect ☐ Appropriate ☑ Blunted ☐ Labile ☐ Inappropriate
Mood ☐ Appropriate ☑ Depressed ☐ anxious ☐ Irritable ☐ Panic Attacks
Suicidal Ideation ☐ Yes ☑ No ☐ Ideation ☐ Plans
Homicidal ☐ Yes ☑ No ☐ Ideation ☐ Plans
Comments:

Perceptual: Thought Flow ☐ Slow ☐ Coherent ☐ Loose ☐ Tangential ☑ Circumstantial
Thought Content ☐ Delusional ☐ Paranoid ☐ Bizarre ☐ Grandiose
Hallucinations ☐ Yes ☑ No
Comments:

Other. Energy Level ☐ Adequate ☐ Increased ☑ Decreased
Sleep ☐ Adequate ☑ Increased ☐ Decreased
Interest/Motivation ☐ Adequate ☑ Decreased
Comments:

Client Self Reporting of Activities of Daily Living:

Is client currently performing ☐ Volunteer Work ☐ Self-Employed ☐ Attending School ☐ No Work Activities ☐ Work at Lesser Demand

Socialization Problems	☐ Yes	☑ No	Describe
Cleans/Maintains Residence?	☑ Yes	☐ No	
Performs Routine Shopping?	☑ Yes	☐ No	
Pays Bills	☑ Yes	☐ No	
Operates Motor Vehicle	☑ Yes	☐ No	

Explain

Precipitating and Complicating Factors to Leaving Work

Workplace ☑ Increase in work demands ☑ Dissatisfaction with Supervisor ☑ Conflicts with Supervisor ☑ Recent unfavorable work evaluation

Social/Family Describe:

Physical/Medical Describe: ↑ anxiety, depressed mood, stress reaction

Financial/Legal Describe:

Alcohol/Drug Abuse Describe:

Other Describe:

Have you advised patient to return to work?

☐ Yes Date of return to work Regular Occupation ☐ FT ☐ PT / Any Occupation ☐ FT ☐ PT

☑ No If No, please give appropriate date patient should be able to return to work

Date of return to work TBA Regular Occupation ☐ FT ☐ PT / Any Occupation ☐ FT ☐ PT

Describe restrictions and limitations currently preventing a return to work.

Pt has acute anxiety related to work place due to precipitating factors occurring in the work place, depression, hopelessness about status of his employment

Thank you for providing this information.

Leah P. Greenwood, PhD

Attending Physician Name and Specialty (Please Print) Date

02-11-16

Therapist/Counselor Name and Degree/License (Please Print) Date

GLC 06878

Exton Behavioral Health
and
REHABILITATION

The Commons at Oaklands
766 West Lincoln Highway
Exton, PA 19341
Ph. 610-873-2233
Fax 610-873-2235

The Commons at Chadds Ford
135 Commons Court
Chadds Ford, PA 19317
Ph. 610-558-4510
Fax 610-558-2350

Date: March 10, 2016
RE: Steven Myers

Please have your medical provider review the attached job description and have him or her answer the following questions:

- Please describe the nature, duration and severity of Mr. Myers' medical condition.

Mr. Myers is diagnosed with Major Depressive Disorder, Recurrent, Moderate and Generalized Anxiety Disorder.

- Is Mr. Myers able to perform the job duties listed on the attached job description?

No, his condition at this time would prevent him from being able to carry out the safety and accuracy requirements of his job.

- Is Mr. Myers restricted from any job duties? If so, please identify the restriction and state how long you anticipate such restrictions to remain in effect.

He is at this time restricted from duties that require compliance with safety and accuracy.

- If Mr. Myers is unable to return to work at this time, please advise as to when, to a reasonable degree of medical certainty, you anticipate that Mr. Myers will be able to return to work, with or without restriction.

He may be able to return to work in 3 months from now as symptoms remit: June 10, 2016.

- If you anticipate that Mr. Myers will be restricted from any job duties as of the anticipated return to work date, please describe those restrictions and state how long you anticipate such restrictions to remain in effect.

When he is cleared to return to work, he should be able to carry out all of his job duties without restriction.

Leah Greenwood PhD

Leah Greenwood, Ph.D.
Exton Behavioral Health & Rehabilitation
766 West Lincoln Highway
Exton, PA 19341
610-873-2233 Ext 320

Wolanin
Consulting & Assessment

111 Presidential Blvd
Suite 237
Bala Cynwyd, PA 19004

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PSYCHOLOGICAL ASSESSMENT

Client Name: Steven Myers ***DOB:*** 8/12/1958 ***Age:*** 57	***Date(s) of Assessment:*** 5/11/2016 ***Referral Source:*** Marc Snyder, Esq. ***Date of Report:*** 6/23/2016 ***Psychologist:*** Andrew Wolanin, Psy.D.

REASON FOR REFERRAL:

Steven Myers was referred for a psychological evaluation by Marc Snyder for a psychological diagnostic evaluation and recommendations regarding his disability claim for mental illness.

SOURCES OF INFORMATION

- Clinical Interview with Steven Myers
- Psychological Assessment with Steven Myers
- Review of Neuropsychological Evaluation Report by Jamie Szuchyt, Psy.D. CBIS, dated 8/14/2014.
- Review of Lincoln National Life Insurance review of short term disability claim by Zachary Powers, dated 3/4/2016.
- Review of mental health treatment note by Leah Greenwood, Ph.D. dated 2/11/2016.
- Review of leave summary form by John Munshower, D.O. FACSG dated 11/20/2015.
- Review of work certificate by John Munshower, D.O. FACSG dated 12/4/2015.
- Review of work certificate by John Munshower, D.O. FACSG dated 1/4/2016.
- Review of medical provider review form by Leah Greenwood, Ph.D. dated 3/10/2016.

TESTS ADMINISTERED

- Clinical Interview
- Test of Memory Malingering (TOMM)
- Wechsler Adult Intelligence Scale–Fourth Edition (WAIS– IV)
- Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF)
- Beck Depression Inventory II (BDI-II)
- WHODAS 2.0
- Trail Making Test A & B

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CLINICAL INTERVIEW:
Mr. Myers is a 57-year old married Caucasian male with a high school education. He indicated that he had difficulty with mental health issues at work since 2014 and is currently not worked since 2015 in his occupation as an operator due to a progression of depression, cognitive symptoms and psychological dysfunction that has rendered him unable to safely perform the required tasks of his job.

Mr. Myers indicated that he worked at Braskem since 1999 and that his job functioning difficulties began approximately 2 years ago when he began to have difficulty following instructions, staying on task, keeping focused, and paying attention to details. Mr. Myers has a history of depressive symptoms that began in 2007 when he experienced a child custody dispute with his ex-wife. He said that he had a panic attack and had depressive symptoms for approximately 2 and half months until he began taking prescribed Lexapro. He said that he remained on Lexapro for depression from 2007 to 2014 and had minimal psychological symptoms. He reported that his depressive symptoms increased in 2014, with increased depression, irritability, anger, guilt, and avoidance. He reported that his wife said that his temper increased and that he would shut down and not talk about events occurring in his life. He said that in April of 2014 he went to the nurse at his place of employment and said that he was having a difficult time emotionally and that he was having a difficult time managing his reactions with other people at work. He said that he was having fears of making mistakes at work and what the safety consequences of making a mistake would be for his employer and co-workers. He reported that the nurse told him that he should stay out of work due to his symptoms. He reported that in 2014 he had an MRI and a neuropsychological evaluation to try to determine the cause of his cognitive impairments. He reported that he returned to work in October of 2014 and continued to have cognitive difficulties that resulted in poor work performance. He said that his work performance was scrutinized and that he began to have his work performance documented by his supervisor. He reported that he also experienced harassment from another employee. He indicated that at this time he began to experience more anxiety symptoms and a reactive mood, as well as sleep difficulties due to racing thoughts and rumination about daily events. He reported that in September of 2015 he sought an additional neuropsychological evaluation as well as consultation with a psychiatrist and counselor to manage his psychological symptoms. In October of 2015 he said that he was asked to come to a meeting with human resources and was given a performance improvement plan based on 3 years of review. After the meeting he indicated that he was placed on short-term disability due to depression and anxiety, and remained on STD from November 2015 through January 2016. He said that continuation of his STD was denied last month, and that his job threatened to fire him if his long-term disability is denied.

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Suite 237
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Mr. Myers indicated that his current symptoms include persistent sadness and low mood, hypersomnia (sleeping 15 hours a day), fatigue, concentration difficulties, negative thoughts about himself and his abilities, decreased appetite and decision making difficulties. He denied suicidal or homicidal ideation, plan or intent. He also reported a high level or worry and anxious rumination about future events, irritability, and tension. Mr. Myers denied a history of experiencing hallucinations or other psychotic symptoms. He further denied symptoms associated with Bipolar Disorder, Panic Disorder, Social Anxiety Disorder Obsessive Compulsive Disorder, or PTSD. Mr. Myers has engaged in various forms of psychological and psychiatric treatments since 2007. He has received individual and group counseling as well as prescriptions for psychotropic medications. His current psychotropic medications are prescribed by Dr. Monheit and include Welbutrin, Lexapro, and Clonazepam. Mr. Myers is also engaged in psychological treatment with Dr. Greenwood. Mr. Myers indicated that he has 2-3 sessions per month, but was not able to articulate the specifics of his treatment plan.

Mr. Myers indicated that he is a level 4 operator at Braskem, which is a manufacturer of polypropylene. He said that he job duties include operations in four areas including wash/load, extruder, purification and reactor. He said that his duties include consistent monitoring and maintenance of structures in each of these areas as well as making necessary adjustments to reactors of machinery if problems occur in the manufacturing process. He said that he attends safety meetings, writes work order, writes reports after incidents, and uses computers. He reported that he did not have any performance issues for the first 13 years of his employment in this job. He said that his recent performance issues on the job include difficulties in remembering sequential steps in the manufacturing process. He said that he made a mistake of adding a new mix out of order, which resulted in spoiled product and monetary loss to the company. He reported that he wants to return to work. He said that he continued to have depressed and anxious thoughts about his occupational abilities and has a fear of making safety mistakes on the job. He is further concerned about the interpersonal stress associated with the workplace and his ability to manage interpersonal relationships and interactions effectively.

Mr. Myers denied current alcohol or substance abuse. He indicated that he does not use any illegal drugs and drinks alcohol at most once per week in small amounts. He has a history of Bells Palsy that was diagnosed and treated in 2013. He also was inflicted with plantar fasciitis in 2012, had surgery, and was on medical leave until 2013. He reported that he also had sinus surgery in 2013. Mr. Myers denied a history of concussion or other traumatic brain injuries.

Mr. Myers indicated that he has been married for 7 ½ years and it is his third marriage. He has 2 children from a previous marriage who are in their twenties as well as an 8 year old son from his current marriage. He denied legal history other than custody and child support arrangements.

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Mr. Myers reported a positive educational history through high school with good grades and no psychological diagnoses, accommodations or special educational requirements. He reported that he has not completed any high education. He reported that he worked for Wawa prior to starting his job at Braskem in 1999.

BEHAVIORAL OBSERVATIONS AND MENTAL STATUS DURING EVALUATION:
Rapport was established with Mr. Myers. His verbal skills were above average, while his memory and concentration were in the average to below average range. Mr. Myers' mood was flat and depressed and he expressed both anxious and depressed cognitions about himself and the future. He demonstrated appropriate motivation to complete testing tasks and appeared to put forth appropriate effort.

TEST RESULTS AND INTERPRETATION:
Mr. Myers was administered the Test of Memory Malingering (TOMM) in order to assess for exaggeration of cognitive or memory limitations, and appropriate for use with individuals with depression (Rees, Tombaugh, & Boulay, 2000 & Yanez, et al, 2005). The TOMM is a measure consisting of two required trials in which individuals are asked to recall previously viewed pictures. Mr. Myers received a score of 100% correct on Trial 1 (50 correct out of 50 items) and 100% correct on Trial 2 (50 correct out of 50 items). The third retention trial is optional and was not administered to the client. As such, the results of this measure indicate that Mr. Myers was putting forth appropriate effort in responding to test stimuli, and not malingering or exaggerating memory concerns or other cognitive impairments. Thus, the results of this evaluation are regarded as an accurate reflection of Mr. Myers' current cognitive and psychological functioning.

Cognitive:
Mr. Myers was administered 10 subtests of the Wechsler Adult Intelligence Scale–Fourth Edition (WAIS– IV). Steven's general cognitive ability is within the superior range of intellectual functioning, as measured by the FSIQ. His overall thinking and reasoning abilities exceed those of approximately 95% of individuals his age (FSIQ = 124; 95% confidence interval = 119-128). Steven may find it easy to keep up with his peers on most tasks that require thinking and reasoning abilities. Mr. Myers' verbal and nonverbal reasoning abilities are in the superior range. His verbal reasoning abilities as measured by the Verbal Comprehension Index (VCI) are in the superior range and above those of approximately 91% of his peers (VCI = 120; 95% confidence interval = 114-125). The VCI is designed to measure verbal reasoning and concept formation. Steven's performance on the verbal subtests contributing to the VCI presents a diverse set of verbal abilities, as he achieved his best performance among the verbal reasoning tasks on the Vocabulary subtest. His strong performance on the Vocabulary subtest was much better than that of most of his peers. The Vocabulary subtest required Steven to explain the meaning of words presented in isolation. Performance on this subtest also requires

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abilities to verbalize meaningful concepts as well as to retrieve information from long-term memory (Vocabulary scaled score = 16). Steven's nonverbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the superior range and above those of approximately 97% of his peers (PRI =129; 95% confidence interval = 121-134). The PRI is designed to measure fluid reasoning in the perceptual domain with tasks that assess nonverbal concept formation, visual perception and organization, visual-motor coordination, learning, and the ability to separate figure and ground in visual stimuli. Steven performed comparably on the perceptual reasoning subtests contributing to the PRI, suggesting that his visual-spatial reasoning and perceptual-organizational skills are similarly developed. Steven's ability to sustain attention, concentrate, and exert mental control is in the high average range. He performed better than approximately 90% of his peers in this area (Working Memory Index (WMI) = 119; 95% confidence interval 111-125). Mr. Myers' ability in processing simple or routine visual material without making errors is in the average range when compared to his peers. He performed better than approximately 55% of his peers on the processing speed tasks (Processing Speed Index [PSI] = 102; 95% confidence interval 93-110). Processing visual material quickly is an ability that Steven performs less well than his verbal and nonverbal reasoning ability. Processing speed is an indication of the rapidity with which Steven can mentally process simple or routine information without making errors. Mr. Myers' processing speed is significantly lower compared to his other intellectual abilities.

Mr. Myers was administered Trial Making Test A & B which measure working memory and processing speed. On Trails A which measures processing speed, Steven completed the task 26.12.35 seconds with 0 errors, which is the average range compared to his peers (12-14 years of education). On Trails B, which requires cognitive switching, he completed the task in 43.51 seconds with 0 errors, which is also in the average range compared to his peers (12-14 years of education). His results on the Trail Making Test are consistent with the results of his WAIS-IV Processing Speed Composite score, and indicated difficulties with processing speed compared to his other intellectual abilities.

Psychopathology:

Mr. Myers was administered the MMPI-2-RF, a 338 item measure of psychopathology and personality. Mr. Myers' responses were scored with comparison group data (Pearson Assessment) of Male Forensic Disability Claimants (n=523). Mr. Myers completed the protocol, was consistent in his responses and there were no indications of under reporting. Mr. Myers' scores on scales of over-reporting were in the average range compared to forensic male disability claimants, and indicates that he did not over endorse symptoms of psychopathology. Taken together, Mr. Myers' profile is valid and may be considered an accurate reflection of his current psychopathology and personality functioning.

Mr. Myers' profile indicates a clinically elevated level of emotional and internalizing dysfunction, low positive emotions, and demoralization that is consistent with clinically

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significant depressive symptoms. He endorsed a lack of positive emotional experiences, lack of interest in activities, and significant anhedonia. He experiences a high level of helplessness and hopelessness and believes that he is flawed and unable to change. He has a high level of self-doubt, and negative thoughts about himself. He has a ruminative style of thinking that likely manifests as repeated depressive thoughts, but also worry and rumination about daily stressors and his future. He has a corresponding high level of anger proneness and irritability. He endorsed multiple somatic complaints including malaise and physical fatigue as well as cognitive and concentration difficulties. He did not endorse suicidal ideation at this time. There were no indications of a thought disorder or hypomanic symptoms. Compared to other male disability claimants, he endorsed a higher level depressive symptoms, and lower levels of other psychological symptoms on the clinical scales.
In summary, Mr. Myers' MMPI-2-RF profile is valid with no indications of over reporting, and is indicative of a depressive disorder, generalized anxiety and corresponding somatic expression of psychological symptoms.

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Depression Assessment Measures:
Mr. Myers' score of 26 on the Beck Depression Inventory is indicative of clinically significant level of depressive symptoms that are in the moderate range. He endorsed the items such as "It is hard for me to keep my mind on anything for very long", "I have much greater difficulty in making decisions that I used to", and "I'm too tired or fatigues to do most of the things I used to do".

Functional Impairment:
Mr. Myers was administered the 36 item World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) in order to objectively assess his level of functional impairment and disability. He scored in the extreme range of impairment (5.0) in the work or school activities domain He scored in the severe range (4.00) in the household activities domain and (4.0), getting along with people domain (3.8), and in the participation in society (3.625) domain. He scored in the moderate range in the self-care (3.00) domain, cognition (2.5) domain, and mobility domain (3.4). He indicated on the measure that his functional impairments are present 30 days out of 30 days, and he is totally unable to carry out his usual activities 4 out of 30 days, and that he has to reduce his usual activates every day. The results of this measure indicate that he has an elevated level of functional impairment and disability in multiple domains related to his health conditions, cognitive symptoms, and psychological symptoms.

Review of Records:
Review of the Neuropsychological Evaluation Report by Jamie Szuchyt, Psy.D. CBIS, dated 8/14/2014 indicated that Mr. Myers was evaluated by referral from his neurologist Dr. Pasquale Brancazio in order to assess his cognitive and emotional state. Records indicated that he was administered a full battery of tests consistent with a neuropsychological evaluation. Diagnosis from the evaluation concluded with a DSM-

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IV-TR diagnosis of 262.32 Major Depressive Disorder, Recurrent, Moderate, and 309.24 Adjustment Disorder with Anxiety, acute, and a GAF of 58.

Review of the FMLA leave summary form by John Munshower, D.O. FACSG dated 11/20/2015 indicates that Mr. Myers was recommended for continuous/regular leave starting on 11/6/15 with no definitive return to work date.

Review of a work certificate by John Munshower, D.O. FACSG dated 12/4/2015 indicated that Mr. Myers should be excused from work beginning on 12/4/15 with an undetermined return date.

Review of a work certificate by John Munshower, D.O. FACSG dated 1/4/2016 indicated that Mr. Myers should be excused from work beginning on 12/4/15 with an undetermined return date.

Review of a mental health treatment note by Leah Greenwood, Ph.D. dated 2/11/2016 indicates that Mr. Myers had increased anxiety, depressed mood and a stress reaction. Dr. greenwood documented that Mr. Myers "...has acute anxiety related to workplace due to precipitating factors incurring in the workplace, depression, hopelessness about status of his employment."

Review of Lincoln National Life Insurance review of short term disability claim by Zachary Powers, dated 3/4/2016 indicated that Mr. diagnosed Myers was diagnosed with Major Depressive Disorder and stopped working on 11/3/2015. The review indicates, "it would appear to us that your diagnosis is related to a specific work place environment and there is no medical documentation to support that you couldn't perform your own occupation in a different work environment". No additional information was provided to support the findings from the review.

Review of a medical provider review form by Leah Greenwood, Ph.D. dated 3/10/2016 indicates that Mr. Myers is diagnosed with Major Depressive Disorder, Recurrent, Moderate and Generalized Anxiety Disorder, and that "his condition at this time would prevent him from being able to carry out the safety and accuracy requirements of his job". No definitive return to work date was provided and Dr. Greenwood indicated that he may be able to return to work in 3 months from now as symptoms remit.

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SUMMARY:

Mr. Myers was referred for a psychological evaluation by Marc Snyder, Esq. in order to determine diagnostic impression, functional impairment, and recommendations related to the client's disability claim.

DIAGNOSIS (DSM-5 Criteria):

296.32 (F33.1) Major Depressive Disorder, Recurrent Episode, Moderate

300.02 (F41.1) Generalized Anxiety Disorder

V62.29 Problems related to employment

Medical Conditions
History of Bells Palsy

Disability Severity
Extreme in work and household. Severe in getting along with people and participation. Moderate in cognition, self care and mobility.

Symptoms and behaviors supporting the above DSM-5 diagnosis: Mr. Myers meets diagnostic criteria for Major Depressive Disorder, Recurrent, moderate as he reports feeling sad, hopeless, and irritable. He reports diminished pleasure in activities, weight loss, insomnia, fatigue, inappropriate guilt, and diminished concentration. These symptoms have caused significant impairment in his occupational and social functioning, and is not due to another psychological condition. He reports experiencing depressive episodes since 2007. Mr. Myers has received a consistent Major Depressive Disorder diagnosis through the services of Dr. Monheit and Dr. Greenwood since 2015. Mr. Myers' score of 26 on the Beck Depression Inventory and his objective scores on the MMPI-2-RF are indicative of clinically significant level of depressive symptoms that are in the moderate range, and his scores on the WHODAS 2.0 indicated functional impairment across multiple life and work domains. Mr. Myers' processing speed performance on the WAIS-IV and Trails Test is indicative of cognitive processing speed impairment compared to his other abilities, which is consistent with psychomotor retardation associated with Major Depression. Mr. Myers also meets criteria for Generalized Anxiety Disorder, as he experiences a high level of worry, irritability, and cognitive rumination across many areas of his life. Generalized Anxiety Disorder and Major Depressive Disorder are often co-morbid and indicates that Mr. Myers has both a high level of cognitive worry and rumination as well as depressed thoughts about himself and his future that impair his functioning in multiple domains. Mr. Myers's clinical profile indicates an elevated level of low positive emotions that is consistent with depressive symptoms. He endorsed a lack of positive emotional experiences, lack of

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interest in activities, and significant anhedonia. He endorsed multiple somatic complaints including cognitive complaints, and he likely experiences psychological distress as physical symptoms. He likely feels fatigued, has sleep disturbances and ruminates about his health. There were no indications of a thought disorder or hypomanic symptoms. Mr. Myers' MMPI-2-RF profile is consistent with a diagnosis of Major Depressive Disorder and Generalized Anxiety Disorder. There were no indications of over reporting and Mr. Myers' performance on the TOMM indicate that he was not attempting to exaggerate memory concerns or cognitive impairment. His inability to maintain his typical (premorbid) level of concentration and attention, and other depressive symptoms have resulted in dysfunctional job performances, interpersonal difficulties, reduced social engagement, and reduced performance in activities of daily living.

Psychological/cognitive capacity consistent with observations and test findings?
Mr. Myers engaged in the psychological assessment in a valid manner, and there are no indications of malingering or exaggerating symptoms of the Test of Memory Malingering or the MMPI-2-RF. There are no indication of over-reporting or exaggeration of symptoms from pervious neuropsychological testing as well as psychiatric and psychological consultations. Behavioral observation and Mr. Myers' mental status supports Mr. Myers's poor concentration abilities and attentional difficulties. Mr. Myers scores on the WAIS-IV and Trails test indicate an objectively lower level of processing speed compared to his other intellectual abilities.

If evidence supports psychological/cognitive impairment(s) could other conditions (e.g. substance abuse, medications, etc) be contributing factors?
Mr. Myers denied current substance abuse, and the objective results of the assessment support his report. Mr. Myers does not appear to have other medical conditions at this time that contribute to his functional impairment.

Appropriate restrictions and/or limitations, based on the psychological impairment(s) you have noted above, and duration of the restrictions:
Mr. Myers' depressive symptoms and co-morbid generalized anxiety have limited his ability to function safely and effectively in his job as an operator at Braskem. Concentration difficulties, behavioral deactivation, fatigue, and interpersonal difficulties limit his ability to complete sequential steps quickly and to work effectively as part of a team, and indicate that he is unable to safely perform his expected work functions at this time.

Comment on expected duration and prognosis (Is improvement likely?):
The duration and prognosis of Major Depressive Disorder is variable. Recovery typically begins within 3 months of onset for two in five individuals with MDD, while four in five individuals experience recovery after one year (DSM-5, p.165). The presence of Mr. Myers' difficulties with his workplace environment predicts future workplace impairment

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even when/if his depressive symptoms remit (de Vries et al, 2015, Predictors of impaired work functioning in employees with major depression in remission). Generalized Anxiety Disorder tends to be more chronic over the course of an individual's lifetime, and is associated with high level of worry that become more acute with environmental stressors. Individuals with Major Depressive Disorder and Generalized Anxiety Disorder are more likely to have reoccurrences of depression. Accordingly, it is unlikely that Mr. Myers will experience depression for the remainder of his life, but the exact duration of his depression is unpredictable and contingent on personality factors, treatment, and life stressors.

Has optimal treatment been given?
Mr. Myers has engaged in both psychiatric and psychological treatment services since 2007. The current frequency and type of service is appropriate for Mr. Myers' diagnoses of Major Depressive Disorder and Generalized Anxiety Disorder. Cognitive Behavioral Therapy, or a mindfulness based treatment for depression have been shown to be effective for the treatment recurrent depressive episodes. Mr. Myers may benefit from an interpersonal therapy for depression. These treatments may also be beneficial for his symptoms of Generalized Anxiety Disorder; however, this disorder tends to have poor treatment outcomes compared to other psychological disorders. Mr. Myers should be monitored weekly for suicidal ideation, plan, and intent.

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I reserve the right to alter, modify, change any or all opinions, recommendation or conclusions if any information and/or records are made available to me that are not available to me at the time of this evaluation.

Andrew Wolanin, Psy.D.
Wolanin Consulting and Assessment Inc.
License #PS016068

6/23/2016
Date

Exton Behavioral Health
and
REHABILITATION

July 7, 2016

Rosen, Moss, Snyder, Bleefeld, LLP
Attn: Mark Snyder, Esq.
1813 Marsh Road, Ste D
Wilmington, DE 19810

RE: Steven A. Myers
DOB: 08/12/1958

Dear Attorney Snyder:

I am writing this letter in response to your request for a narrative summary of the treatment I have provided to Mr. Myers. Mr. Myers has been receiving psychological services from me since October of 2015.

I saw Mr. Myers for an initial intake appointment ("Psychiatric Diagnostic Evaluation without Medical Services") on 10/08/2015. His chart already contained a report of a Neuropsychological Evaluation conducted by Dr. Jamie Szuchyt of EBHR on 08/14/2014. The results of that evaluation showed diagnoses of a major depressive disorder and an adjustment disorder and concerns about brain impairment were ruled out. He informed me that he was referred to an intensive outpatient program at the Light Program of Life Counseling Services in Paoli, PA, which he participated in from August to October of 2014. At that time he also began psychiatry services for medication management of mood and stress-related symptoms. Prior to my intake, Mr. Myers had transferred his psychiatry services to Dr. David Monheit of EBHR and has been under his care for medication management of mood and anxiety symptoms to the present day. I have concurrently followed Mr. Myers for supportive psychotherapy services which have also extended to the present day on approximately a monthly basis.

When Mr. Myers first presented for treatment, he was working as a Wash/Load Operator for Braskem in Marcus Hook, PA. He presented with symptoms of acute anxiety, despondent mood, poor concentration, and sleep problems. He reported that he was being called in at work for mistakes and felt that he was under close scrutiny by management. By November of 2015, he was placed on a performance plan, which led to feelings of such hopelessness and anxiety that his doctor wrote him out from work on November 6, 2015. Mr. Myers' increased depression and anxiety were closely managed by psychiatry. I continued to monitor him for signs of improvement in mood and functioning such that a return to work could be determined. Mr. Myers' symptoms continued unabated and prevented him from being released back to work and he remained on a medical leave receiving short term disability benefits. When STD benefits were exhausted, he was denied long term disability benefits. In June, he was terminated from his position with Braskem.

At the present time, Mr. Myers continues with chronically despondent mood, anxiety in social situations, hypersomnia, daily fatigue, poor concentration and feelings of hopelessness about his future. He is prescribed Wellbutrin, Klonopin, and Lexapro. His suicidality risk is monitored. He and wife are experiencing acute financial strain due to his lack of income. An independent psychological assessment was conducted on May 11, 2016 by Andrew Wolanin, Psy.D., which confirmed his diagnoses of major depressive disorder and generalized anxiety. He lost his employer sponsored medical benefits plan and is now on a federal plan that does not include psychological (non M.D.) services for which he now must pay out of pocket. Prognosis for improved functioning is quite guarded given the acute stressors present in his current circumstances and the chronicity of his mood and anxiety symptoms.

For further detail of medical events, please refer to the clinical notes of Dr. Szuchyt, Dr. Monheit, Dr. Wolanin, and my own which are in your possession. Thank you for assistance to Mr. Myers.

Most sincerely,

Leah P. Greenwood, Ph.D.
Diplomate, Board of Rehabilitation Psychology